



DYKES LUMBER COMPANY

Application for Employment

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Date: _____

Position(s) applied for or type of work desired: _____

Name: _____ S.S. # _____

Current Address: _____
Street City St Zip

Telephone #: _____ Date of Birth _____
*Required for Commercial Drivers

Cell Phone #: _____

Personal Email address: _____
(Need for employee Payroll access)

If at the above residence for less than 3 years, list below all residences for the past 3 years.

Previous Address _____ How Long? _____

Previous Address _____ How Long? _____

Do you have a legal right to work in the United States of America? _____

Type of employment: Full-time Part-time Temporary

Date available: _____ Rate of pay expected? _____

Are you employed now?	_____ Yes	_____ No
Are you able to meet the attendance requirements?	_____ Yes	_____ No
Do you have any objection to working overtime if necessary?	_____ Yes	_____ No
Can you travel if required by this position?	_____ Yes	_____ No
Have you ever been employed by our organization?	_____ Yes	_____ No
If you are under 18, can you furnish a work permit?	_____ Yes	_____ No

Drivers license #: _____ CDL? _____ Class _____

Have you ever been employed by or applied to Dykes? _____ If so, when? _____

Who referred you? _____

Do you have any friends or relatives employed by Dykes? _____

If yes, state name, relationship and location _____

- **For Commercial Driver Applicants:** Per FMCSR 391.21(d) Before an application is submitted, the motor carrier shall inform the applicant that the information he/she provides for the employment history may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. The prospective employer must also notify the driver in writing of his/her due process rights as specified in §391.23(i) regarding information received as a result of these investigations. You the applicant have the following rights: (i) The right to review information provided by previous employers; (ii) the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver Applicant _____ Driver Applicant _____
 Printed Name _____ Signature _____ Date _____

Applicants for positions that require the driving of commercial motor vehicles must provide **an additional 7 years' information on those employers for whom the applicant operated such vehicles, or up to 10 years** employment history. **ALL INFORMATION MUST BE COMPLETED BEFORE AN APPLICATION CAN BE CONSIDERED.**

Employer				Date	
Name			From	To	
Address			Position Held		
City	St	Zip	Salary/Wage		
Contact Person		Phone	Reason for Leaving		
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO					

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†THE Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Accident Record for the past 3 years. (For Commercial Driver Applicants)

Dates	Nature of Accident	Fatalities	Injuries
1.			
2.			
3.			
4.			

Traffic Convictions Moving Violations for the past 3 years, if none write none. (For Commercial Driver Applicants)

Dates	Location	Charge	Fine
1.			
2.			
3.			
4.			

Have you ever been denied a license, permit or privilege to operate a motor vehicle? ___ Yes ___ No

Has any license, permit or privilege ever been suspended or revoked? ___ Yes ___ No

In the past 3 years, have you tested positive, or refused to test, on a pre-employment drug or alcohol test administered by an employer where you applied for a safety sensitive position and were not hired?

___ Yes ___ No

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended: (name) _____
(City, St) _____

Have you ever served in the armed forces? If so, What Branch? _____
When? _____

Other skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications.

References - Please list 3 references: name, telephone number and years known. (no relatives)

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision.

In the event of my employment, I understand that false or misleading information given in my application or interviews may result in discharge.

I understand that employment is contingent on my pre-employment drug test.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law or union contract.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature: _____ Date: _____