



**Employment Application**

**Personal Information** (please print)

Name (last)		(first)	(middle initial)	Today's date
Address (street)		(city)	(state)	(ZIP code)
Home phone (include area code)		Work phone (include area code)		Social Security Number
When may we contact you?	Are you legally authorized to work in the United States? <input type="checkbox"/> yes <input type="checkbox"/> no	Are you age 18 or older? <input type="checkbox"/> yes <input type="checkbox"/> no	Are you a former employee? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, dates of employment:	
How did you come in contact with us? <input type="checkbox"/> advertisement <input type="checkbox"/> walked in <input type="checkbox"/> other (explain) <input type="checkbox"/> employment agency <input type="checkbox"/> friend or relative <input type="checkbox"/> employee Name:				Date you can start work
Position(s) applied for: <input type="checkbox"/> Sales <input type="checkbox"/> Yard <input type="checkbox"/> Driver <input type="checkbox"/> Clerical <input type="checkbox"/> Managerial <input type="checkbox"/> Other (explain)		Are you available to work <input type="checkbox"/> full time <input type="checkbox"/> seasonal		Have you applied for employment with us before? <input type="checkbox"/> yes <input type="checkbox"/> no
Are you currently employed? <input type="checkbox"/> yes <input type="checkbox"/> no	Are you available to travel if a job requires it? <input type="checkbox"/> yes <input type="checkbox"/> no	Are you available for overtime work and on weekends as may be required? <input type="checkbox"/> yes <input type="checkbox"/> no		

**Education**

<b>High School</b>	Name and location of school	No. of years attended	Did you graduate? <input type="checkbox"/> yes <input type="checkbox"/> no	Course of study or special achievements
<b>Vocational or Business School</b>	Name and location of school	No. of years attended	Did you graduate? <input type="checkbox"/> yes <input type="checkbox"/> no	Course of study or special achievements
<b>Vocational or Business School</b>	Name and location of school	No. of years attended	Did you graduate? <input type="checkbox"/> yes <input type="checkbox"/> no	Course of study or special achievements
<b>College or University</b>	Name and location of school	Did you graduate? <input type="checkbox"/> yes <input type="checkbox"/> no	Degree	Course of study or special achievements
<b>Graduate/ Professional</b>	Name and location of school	Did you graduate? <input type="checkbox"/> yes <input type="checkbox"/> no	Degree	Course of study or special achievements

Describe any specialized skills, knowledge, experience, or other qualifications:

**Military Service**

Have you served in the U.S. Military Service? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, list branch	Duties or special training
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**Other Information**

Are charges currently pending against you or have you been convicted of a felony, either affecting your bondability or related to the position for which you have applied, within the last seven years? <input type="checkbox"/> yes <input type="checkbox"/> no (Conviction will not necessarily disqualify you from employment) If yes, please explain:	<b>Consolidated Lumber Company reserves the right to check criminal background information sources. Convictions and pleas are not an automatic bar to employment and will be considered only as substantially relevant to the circumstances of the position for which you are applying.</b>
Have you ever been involuntarily terminated by an employer? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain:	Have you ever signed an agreement relating to inventions or confidential know-how with a previous employer? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, list company with whom agreement was signed:

**Consolidated Lumber Company is a tobacco-free and drug-free workplace.**

This application is not an employment contract. If you are hired by Consolidated Lumber Company, you will be employed on an "at-will" basis. As an at-will employee, you may terminate your employment at any time and for any reason. Similarly, if you are hired, Consolidated Lumber Company has the right to terminate your employment at any time and for any reason.

**(Over)**

**Work Experience** (exclude organization names that indicate race, color, sex, religion, or national origin)

<b>Present employer</b>		Job Title
Street Address		Dates of employment
City, State, ZIP Code		Supervisor
Phone (include area code)	Ending wage or salary	May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no
Reason for leaving		
<b>Previous employer</b>		Job Title
Street Address		Dates of employment
City, State, ZIP Code		Supervisor
Phone (include area code)	Ending wage or salary	May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no
Reason for leaving		
<b>Previous employer</b>		Job Title
Street Address		Dates of employment
City, State, ZIP Code		Supervisor
Phone (include area code)	Ending wage or salary	May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no
Reason for leaving		

**Work Experience References** (please do not include previous employers or relatives)

Name	Job Title	Company	Phone (include area code)

**Applicant's Statement and Acknowledgment**

I certify that information provided herein is true and complete to the best of my knowledge. I understand that false or misleading statements made by me or consequential omissions of any kind in the application process are sufficient cause for my not being hired or for my dismissal if I am already employed, no matter when discovered. I authorize investigation of all statements contained in this application as may be necessary to make an employment decision.

I understand and agree that if, in the opinion of Consolidated Lumber Company, the results of the criminal background screening are unsatisfactory, an offer of employment that has been made may be withdrawn or my employment may be terminated.

I understand that my employment may be conditional upon a favorable health evaluation, which may include a physical examination by a doctor selected by the Company, to which I hereby consent. I specifically authorize a test for drugs and alcohol.

In the event of my employment with Consolidated Lumber Company, I will comply with all current and subsequently adopted policies, work rules and procedures. Additionally, I authorize Consolidated Lumber Company, in its sole discretion, to supply my employment record, in whole or in part, to any prospective employer, government agency, or other party with an interest that Consolidated Lumber Company deems appropriate.

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**Signature of Applicant**


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**Date**

*\*\*If applicant is hired, return original form to the General Office. If applicant is not hired, retain this form at the yard.\*\**



**Addendum to Employment Application  
For DOT Truck Driver**  
The information requested on this form is required  
by the US Department of  
Transportation Federal Motor Carrier Safety

**NAME** \_\_\_\_\_  
 Last First Middle Social Security # Date of Birth  
**ADDRESS** \_\_\_\_\_  
 Street City State Zip How Long \_\_\_\_\_  
**PAST 3 YEAR RESIDENCY** \_\_\_\_\_  
 Street City State Zip How Long \_\_\_\_\_  
 Street City State Zip How Long \_\_\_\_\_

**ACCIDENT RECORD: LIST ACCIDENTS FOR PAST THREE YEARS**  
 (Please continue on a separate sheet of paper if more space is needed)

DATE	WHERE	ACCIDENT NATURE (HEAD-ON, REAR-ENDED, ETC)	NUMBER OF INJURIES	FATALITIES	TYPE OF VEHICLE

**DRIVING RECORD: MOVING VIOLATIONS FROM PAST THREE YEARS**  
 (Please continue on a separate sheet of paper if more space is needed)

DATE	WHERE	CHARGE	PENALTY

**EQUIPMENT EXPERIENCE:**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, BOOM, FLAT, FORKLIFT, ETC.)	FROM	TO	APPROX # MILES

**DRIVER'S LICENSE:**

**UNEXPIRED LICENSE**

Section 383.21 FMSCR states " No person who operates a commercial vehicle shall at any time have more than one driver license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

\_\_\_\_\_

State License Number Class Exp Date Signature Date

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes\_\_\_ No\_\_\_  
 B. Has any license, permit, or privilege ever been suspended or revoked? Yes\_\_\_ No\_\_\_

If the answer to "A" or "B" is yes, give details. \_\_\_\_\_

**WORK EXPERIENCE:** (exclude organization names that indicate race, color, sex, religion, or national origin)  
 List employers for the last 10 years. Exclude employers already listed on Employment Application.

<b>Previous employer</b>		Job Title
Street address		Dates of employment
City, State, ZIP Code		Supervisor
Phone (include area code)	Ending Wage or Salary	May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no
Reason for leaving		
<b>Previous employer</b>		Job Title
Street address		Dates of employment
City, State, ZIP Code		Supervisor
Phone (include area code)	Ending Wage or Salary	May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no
Reason for leaving		
<b>Previous employer</b>		Job Title
Street address		Dates of employment
City, State, ZIP Code		Supervisor
Phone (include area code)	Ending Wage or Salary	May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no
Reason for leaving		

**IMPORTANT**

I understand a DOT medical examination is required every 24 months. I also understand that if I should develop a physical or mental disease which impairs my ability to operate a commercial motor vehicle, I must obtain a medical examination in accordance with DOT driver qualification requirements. I authorize all former employers and any other persons to provide Consolidated Lumber Company with any information, evaluations and records concerning me. I hereby release Consolidated Lumber Company from any and all claims and damages and causes of action that may hereafter arise from the provision of information, evaluations or records pursuant to this authority. I understand that under this authority, an investigative consumer report may be made including information as to my character, general reputation, personal characteristics and mode of living and that I have the right to make a written request within a reasonable period of time for complete and accurate disclosure of additional information concerning the nature and scope of the investigation. I understand and agree that any false statement made on this application may be cause for termination. I certify that this application was completed by me and that all entries therein are true and complete to the best of my knowledge.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Location

\_\_\_\_\_  
 Date

**\*\*\* RETURN THIS FORM TO THE GENERAL OFFICE \*\*\***

# REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to CONSOLIDATED LUMBER COMPANY dba Arrow Building Center  
(Prospective Employer)

for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

X \_\_\_\_\_ X \_\_\_\_\_  
(Applicant's Signature) (Date)

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report, the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX Section 300002(a)).

\_\_\_\_\_  
(Signature of Requester) (Date)

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DEAR SIR/MADAM:

The following named person has made application with our company for the position of Driver  
\_\_\_\_\_. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of Driver  
\_\_\_\_\_. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

## REQUESTED BY

CONSOLIDATED LUMBER COMPANY dba Arrow Building Center  
(Name of Company)

808 NORTH 4<sup>TH</sup> STREET  
(Address)

STILLWATER, MN 55082  
(City) (State)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

**DRIVER CANDIDATE  
 PAST EMPLOYER VERIFICATION  
 Pursuant to 391.23 of the FMCSA**

FROM: Consolidated Lumber Company  
 D.B.A. Arrow Building Center  
 808 N 4<sup>th</sup> Street  
 Stillwater, MN 55082

TO: \_\_\_\_\_  
 ATTN: Safety Manager / Human Resources  
 \_\_\_\_\_  
 \_\_\_\_\_

RE: \_\_\_\_\_  
 (Print name) (Social Security Number)

The above named individual has applied to this company for employment in a position which requires 3 years past employer verification under section 391.23 of the Federal Motor Carrier Safety Administration.

1. This applicant states he/she worked for your company from: \_\_\_\_\_ to: \_\_\_\_\_  
 Is this correct? Yes \_\_\_\_\_ No \_\_\_\_\_ Correct dates \_\_\_\_\_
1. What kind of work was performed by the applicant?  
 \_\_\_\_\_
2. If employed as a driver, please indicate equipment driven.  
 Tractor trailer \_\_\_\_\_ straight truck \_\_\_\_\_ boom truck \_\_\_\_\_ other(type) \_\_\_\_\_
3. Was this applicant involved in any chargeable accidents: \_\_\_\_\_
4. Was this applicant a safe driver? \_\_\_\_\_
5. Please rate on a scale of 1 to 5 (5 highest)
 

Interpersonal skills	1	2	3	4	5
Dependability / attendance	1	2	3	4	5
Cooperation / team player	1	2	3	4	5
Accuracy / detail oriented	1	2	3	4	5
6. Why did this applicant leave your company? Resigned \_\_\_\_\_ Discharged \_\_\_\_\_
7. Would you re-employ this person? \_\_\_\_\_
9. Was this applicant subject to Dept of Transportation testing requirements? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (If you answered No to this question, please sign and date below. If you answered Yes, please complete the following section.)

Under Dept of Transportation testing requirements:

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?  
 Yes \_\_\_\_\_ No \_\_\_\_\_
2. Has this person had a verified positive drug test?  
 Yes \_\_\_\_\_ No \_\_\_\_\_
3. Has this person refused to be tested?  
 Yes \_\_\_\_\_ No \_\_\_\_\_
4. Has this person committed other violations of DOT agency drug and alcohol testing regulations?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize you to release all information concerning my employment to answer the above listed questions. I hereby release you from any and all liability as a result of providing the above mentioned information.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Witness: \_\_\_\_\_