

RENO CARSON LUMBER

APPLICATION FOR EMPLOYMENT

Tentative Start Date: _____
 Please circle classification:
 • Full Time Regular (Benefits)
 • Full Time Project / Seasonal (No Benefits)
 • Part time (No Benefits)
 Rate of Pay: _____
 Applicant Acknowledgement: _____ Date: _____
 Interviewing Manager: _____ Date: _____

PERSONAL INFORMATION

LAST NAME _____ FIRST NAME _____ M.I. _____ EMAIL _____ TODAY'S DATE _____

IF APPLICABLE, LIST ANY OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN WHICH MAY BE NECESSARY TO ALLOW US TO CONFIRM YOUR WORK AND EDUCATIONAL RECORD. FOR EXAMPLE, CHANGE OF NAME, USE OF AN ASSUMED NAME, NICKNAME, ETC.: _____

ADDRESS: _____
 STREET CITY STATE ZIP

PHONE: (____) _____ MSG. PHONE: (____) _____

IF YOU ARE UNDER THE AGE OF 18, CAN YOU FURNISH A WORK PERMIT IF IT IS REQUIRED? YES _____ NO _____

CAN YOU AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES _____ NO _____

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? YES _____ NO _____ IF YES, GIVE DATES AND LOCATION: _____

DO YOU HAVE ANY FRIENDS OR RELATIVES EMPLOYED BY THIS COMPANY? YES _____ NO _____ IF YES, PLEASE STATE NAME(S): _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME (IE: MISDEMEANOR OR FELONY)? YES _____ NO _____

IF YES, PLEASE STATE: TYPE OF CRIME: _____
 (YOU WILL NOT NECESSARILY BE DISQUALIFIED FROM EMPLOYMENT SOLELY BECAUSE OF A CONVICTION)

LOCATION: _____ DATE: _____

EMPLOYMENT DESIRED

WHAT POSITION ARE YOU APPLYING FOR? 1ST CHOICE _____ 2ND CHOICE _____

DATE AVAILABLE: _____ FULL TIME: _____ PART TIME: _____ DESIRED RATE OF PAY: _____

IF DRIVING IS AN ESSENTIAL DUTY OF THE JOB WHICH YOU ARE APPLYING FOR: DO YOU HAVE A CURRENT DRIVER'S LICENSE? YES _____ NO _____

ISSUING STATE: _____ CLASS: _____ NUMBER: _____ EXPIRATION: _____

EDUCATION LIST SCHOOLS AND/OR BRANCH OF SERVICE AND CITY/STATE LEVEL ATTAINED/ TYPE OF DEGREE

HIGH SCHOOL _____

COLLEGE _____

U.S. MILITARY SVC. _____

TRADE SCHOOL _____

ADDITIONAL SKILLS AND QUALIFICATIONS: _____

REFERENCES - PLEASE PROVIDE THREE PROFESSIONAL REFERENCES WHO HAVE KNOWN YOU FOR AT LEAST TWO YEARS:

| NAME | ADDRESS | TELEPHONE | RELATIONSHIP |
|----------|---------|-----------|--------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

EMPLOYMENT HISTORY:

- PROVIDE EMPLOYMENT HISTORY FOR THE PAST 7 YEARS - BEGIN WITH THE MOST RECENT EMPLOYER FIRST.
- ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT IN SPACE PROVIDED BETWEEN POSITIONS.

| | COMPANY STREET/ CITY/ STATE IMMEDIATE SUPERVISOR / TELEPHONE # | JOB TITLE JOB DUTIES | REASON FOR LEAVING |
|------------|--|-------------------------|-----------------------|
| END DATE | | | |
| START DATE | | | |
| END DATE | | | |
| START DATE | | | |
| END DATE | | | |
| START DATE | | | |
| END DATE | | | |
| START DATE | | | |
| END DATE | | | |
| START DATE | | | |
| END DATE | | | |
| START DATE | | | |
| END DATE | | | |
| START DATE | | | |

I understand that the company is relying upon all of the representations, both written and oral, which I have made or do during the entire process of applying for employment with Reno Carson Lumber. I acknowledge that Reno Carson Lumber has the right to investigate any other information that the company believes relevant including but not limited to, employment history, educational background, references, credit history and conviction records. I hereby agree to hold Reno Carson Lumber, its officers and agents harmless from any and all liability resulting in any way from such investigation and from any and all attorney fees resulting from any legal action I may institute which is within the scope of this waiver. I also authorize my former employers, schools, and references to provide any information they may have regarding me, whether or not it is in their records. I hereby release them and their company from all liability for divulging same.

In the event that employment is granted, Reno Carson Lumber, as employer, may at its discretion, with or without notice, modify, amend, or terminate present or future policies or practices relating to but not limited to, piece-rates, hours, job duties and descriptions, benefits or any other terms of employment.

In the event that employment is granted, I have no objection to making application for security clearance. And if necessary, signing an employee agreement on confidential information and inventions, or taking a job related medical examination.

In the event that employment is granted, in consideration of such employment, I promise to ascertain and abide by all pertinent rules and regulations, and I understand that failure to do so may be cause for discharge from such employment.

I understand that if Reno Carson Lumber employs me, my employment will be "at will" and I may terminate my employment at any time, with or without notice and with or without reason. Similarly, Reno Carson Lumber, is free to terminate an employment relationship with me at any time with or without notice and with or without reason if it believes it to be within Reno Carson Lumber's best interest. No supervisor or representative of Reno Carson Lumber other than the President has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to the foregoing. Nothing in the company employment procedure or in subsequent employment is intended to be or convey a contract of employment, expressed or implied.

I have read and understand the foregoing application and agreement. By my signature below, I understand that incomplete or inaccurate employment applications will not be considered for employment. All the responses I have made on this application are true and correct to the best of my knowledge. I understand that if I make any false statements, misrepresentations, or omissions in this application process, this application could be rendered void and may be reason for my immediate discharge at any time during my employment.

Applicant signature

Date

Print full name

We are an Equal Opportunity Employer

All applicants will be considered for employment without regard to actual or perceived race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, medical condition, pregnancy, genetic information, marital status, amnesty, or status as a covered veteran or any other characteristic protected by applicable federal, state or local laws.

RENO CARSON LUMBER

DRUG TESTING PROGRAM

NOTICE TO APPLICANTS

Reno Carson Lumber has a vital interest in maintaining safe, healthful and efficient working conditions for its customers and employees. Using or being under the influence of drugs and/or alcohol on the job may pose serious safety and health risks not only for the user, but to the public and all those who work with the user. The possession, use or sale of an illegal drug or controlled substance may also pose unacceptable risks to safe, healthful and efficient operations.

To meet this compelling interest, individuals who wish to be considered for employment must agree to **PRE-PLACEMENT DRUG TESTING AND DRUG AND ALCOHOL TESTING DURING EMPLOYMENT.**

By completing and signing this Notice and the attached Application of Employment, the applicant understands and agrees to submit to drug testing as a condition of our employment offer as well as to alcohol and drug testing during the course of employment as provided for in Reno Carson Lumber's Drug and Alcohol Policy. The applicant further understands and agrees to release Reno Carson Lumber and its directors, officers, agents, employees, parents, subsidiaries and affiliated concerns from any and all liability, claims, demands, damages and causes of action of every kind and nature arising out of or resulting from or in connection with submitting to drug and alcohol testing and any decision concerning employment made by Reno Carson Lumber in whole or in part, based upon the results of drug and alcohol testing. Submission of an altered or adulterated specimen or the substitution of a specimen by the applicant will result in a withdrawal of the employment offer.

ANY APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT WITH RENO CARSON LUMBER.

Applicant's Signature

Date

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

| DATES | NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.) | FATALITIES | INJURIES | HAZARDOUS MATERIAL SPILL |
|---------------|--|------------|----------|-----------------------------|
| LAST ACCIDENT | | | | |
| NEXT PREVIOUS | | | | |
| NEXT PREVIOUS | | | | |

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

| Driver licenses or permits held in the past 3 years | STATE | LICENSE NO. | CLASS | ENDORSEMENT(S) | EXPIRATION 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 EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

| CLASS OF EQUIPMENT | CIRCLE TYPE OF EQUIPMENT | DATES | | APPROX. NO. OF MILES (TOTAL) |
|---|--------------------------------|------------|----------|------------------------------|
| | | FROM (M/Y) | TO (M/Y) | |
| STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO | (VAN, TANK, FLAT, DUMP, REFER) | | | |
| TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO | (VAN, TANK, FLAT, DUMP, REFER) | | | |
| TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO | (VAN, TANK, FLAT, DUMP, REFER) | | | |
| TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO | (VAN, TANK, FLAT, DUMP, REFER) | | | |
| MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small> | — | | | |
| MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small> | — | | | |
| OTHER _____ | | | | |

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

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, STATE) _____

TO BE READ AND SIGNED BY APPLICANT

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.

Signature: _____ Date: _____

Inquiry to State Agency for Driver's Record - FMCSR §391.23

(Driver's Name)

(Driver's License Number)

(Driver's Social Security Number)

Dear Driver's License Administrator, for the State of _____:

The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered driver's license or permit has/had been issued by your state to applicant.

In accordance with Section §391.23 (a) (1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every state in which an applicant - driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years or certify that no record exists, if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

Signature of individual making inquiry

Name and title of person making inquiry

Telephone

Fax

Motor Carrier Name

Motor Carrier Address

City

State

Zip

Appendix G

**NOTICE TO DRIVER APPLICANTS
CONTROLLED SUBSTANCES TESTING REQUIREMENT**

Our company has a vital interest in maintaining safe, healthful and efficient working conditions for our customers, the public, and our drivers. Using or being under the influence of alcohol and/or controlled substances on the job may pose serious safety and health risks not only for the user, but to all those who work with the user. The possession, use or sale of alcohol or an illegal controlled substances poses unacceptable risks to safe, healthful and efficient operations.

To meet this compelling interest, and in compliance with the Department of Transportation's Alcohol and Controlled Substances Testing Requirements (49 CFR Part 382) drivers who wish to be considered for employment must agree to **SUBMIT TO PRE-EMPLOYMENT CONTROLLED SUBSTANCES TESTING**. All pre-employment drug tests will be conducted only after a contingent offer of employment is made.

By completing and signing this Notice and the attached Application of Employment, the driver applicant understands and agrees to submit to a pre-employment controlled substances testing as provided for in the DOT Alcohol and Controlled Substances Policy.

ANY DRIVER APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT. Refusal of a driver applicant to agree to controlled substances testing at this time does not preclude applying for employment at some future date.

Date: _____

SIGNATURE OF DRIVER APPLICANT

Date: _____

COMPANY REPRESENTATIVE

Pre-Application Information

The following information is necessary for our company to complete an employment application packet for drivers.

Driver Record Information:

First Name: _____

Middle Name: _____

Last Name: _____

Driver's License Number: _____

Class: _____ Endorsements: _____ License State: _____

Social Security Number: _____

Birth Date: _____

Driver's License Expiration: _____

Medical Certificate Expiration: _____

The Following is for OFFICE USE ONLY

Hire Date: _____

Annual Review Date: _____

Employee Number: _____