



DRIVER APPLICATION

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis, including race, color, age, sex, religion, handicap, or national origin.

All drivers selected for employment with Burton Lumber will be required to satisfactorily pass Federal Motor Carrier Safety Administration Regulations.

QUALIFICATION SUMMARY				
				Date _____
Name				
Last	First	Middle		
Present Address				
Street	City	State	How Long?	
Previous Address				
Street	City	State	How Long?	
Previous Address				
Street	City	State	How Long?	
Previous Address (up to the last 3 years)				
Street	City	State	How Long?	
Date of Birth _____				
Home Phone# () - _____				

Driver's Licenses	State	License #	Class	Expiration
Current License				
Previous License				
Previous License				

Traffic Convictions / Forfeitures

List all motor vehicle convictions and forfeitures for the past five years (IF NONE, WRITE NONE).

DATE	LOCATION (STATE)	CHARGE	PENALTY

Accident Record

List all accidents with motor vehicles for the past ten years, include preventable and non-preventable (IF NONE, WRITE NONE).

DATE	TYPE OF VEHICLE	NATURE OF ACCIDENT	INDICATE PREVENTABLE OR NON-PREVENTABLE	FATALITIES YES/NO	INJURIES YES/NO	AMOUNT OF PROPERTY DAMAGE

Are there any restrictions on your license? No _____ If yes, explain _____

- A. Have you in the past 10 years been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____
 - B. Has your license or permit ever been suspended or revoked? Yes _____ No _____
 - C. Have you ever been charged for any alcohol / drug related driving offense? Yes _____ No _____
 - D. Have you ever been charged for possession, sale or use of a narcotic drug? Yes _____ No _____
 - E. Have you ever been convicted of a felony? Yes _____ No _____
 - F. Have you tested positive or refused a test for drugs or alcohol as prescribed by government regulations or company policy? Yes _____ No _____
- If answer to either A, B, C, D, E, or F is yes, state circumstances and date.** _____

EMPLOYMENT HISTORY

For Past 10 Years of Commercial Driving

Begin with your present occupation and work backward in order, listing all your employers for the last 10 Years including all full and part-time employment. All time must be accounted for including military service, driving school, training programs, self-employment, and periods of unemployment.

May we contact your current employer? Yes _____ No _____

Note: If your current or most recent employer is not contacted prior to an offer of employment being made, then any offer that is made will be subject to Burton Lumber contacting the employer, and any offer may be withdrawn based on information received from such employer.

If no, why not?

1	COMPANY NAME			TELEPHONE		
	ADDRESS		CITY	STATE		DATE EMPLOYED (FROM.....TO)
	NAME OF SUPERVISOR			REASON FOR LEAVING (BE SPECIFIC)		
	STATE JOB TITLE AND DESCRIBE YOUR WORK					
	TYPE OF TRUCK DRIVEN AND COMMODITIES HAULED IF APPLICABLE					
WERE YOU SUBJECT TO THE FMSCR?	YES	NO	WERE YOU SUBJECT TO DRUG AND ALCOHOL TESTING?	YES	NO	

UNEMPLOYMENT (if applicable) FROM (Date) TO (Date)

2	COMPANY NAME			TELEPHONE		
	ADDRESS		CITY	STATE		DATE EMPLOYED (FROM.....TO)
	NAME OF SUPERVISOR			REASON FOR LEAVING (BE SPECIFIC)		
	STATE JOB TITLE AND DESCRIBE YOUR WORK					
	TYPE OF TRUCK DRIVEN AND COMMODITIES HAULED IF APPLICABLE					
WERE YOU SUBJECT TO THE FMSCR?	YES	NO	WERE YOU SUBJECT TO DRUG AND ALCOHOL TESTING?	YES	NO	

UNEMPLOYMENT (if applicable) FROM (Date) TO (Date)

3	COMPANY NAME			TELEPHONE		
	ADDRESS		CITY	STATE		DATE EMPLOYED (FROM.....TO)
	NAME OF SUPERVISOR			REASON FOR LEAVING (BE SPECIFIC)		
	STATE JOB TITLE AND DESCRIBE YOUR WORK					
	TYPE OF TRUCK DRIVEN AND COMMODITIES HAULED IF APPLICABLE					
WERE YOU SUBJECT TO THE FMSCR?	YES	NO	WERE YOU SUBJECT TO DRUG AND ALCOHOL TESTING?	YES	NO	

UNEMPLOYMENT (if applicable) FROM (Date) TO (Date)

4	COMPANY NAME			TELEPHONE		
	ADDRESS		CITY	STATE		DATE EMPLOYED (FROM.....TO)
	NAME OF SUPERVISOR			REASON FOR LEAVING (BE SPECIFIC)		
	STATE JOB TITLE AND DESCRIBE YOUR WORK					
	TYPE OF TRUCK DRIVEN AND COMMODITIES HAULED IF APPLICABLE					
WERE YOU SUBJECT TO THE FMSCR?	YES	NO	WERE YOU SUBJECT TO DRUG AND ALCOHOL TESTING?	YES	NO	

UNEMPLOYMENT (if applicable) FROM (Date) TO (Date)

5	COMPANY NAME			TELEPHONE		
	ADDRESS		CITY	STATE		DATE EMPLOYED (FROM.....TO)
	NAME OF SUPERVISOR			REASON FOR LEAVING (BE SPECIFIC)		
	STATE JOB TITLE AND DESCRIBE YOUR WORK					
	TYPE OF TRUCK DRIVEN AND COMMODITIES HAULED IF APPLICABLE					
WERE YOU SUBJECT TO THE FMSCR?	YES	NO	WERE YOU SUBJECT TO DRUG AND ALCOHOL TESTING?	YES	NO	

UNEMPLOYMENT (if applicable) FROM (Date) TO (Date)

6	COMPANY NAME			TELEPHONE		
	ADDRESS		CITY	STATE		DATE EMPLOYED (FROM.....TO)
	NAME OF SUPERVISOR			REASON FOR LEAVING (BE SPECIFIC)		
	STATE JOB TITLE AND DESCRIBE YOUR WORK					
	TYPE OF TRUCK DRIVEN AND COMMODITIES HAULED IF APPLICABLE					
WERE YOU SUBJECT TO THE FMSCR?	YES	NO	WERE YOU SUBJECT TO DRUG AND ALCOHOL TESTING?	YES	NO	

UNEMPLOYMENT (if applicable) FROM (Date) _____ TO (Date) _____

7	COMPANY NAME			TELEPHONE		
	ADDRESS		CITY	STATE		DATE EMPLOYED (FROM.....TO)
	NAME OF SUPERVISOR			REASON FOR LEAVING (BE SPECIFIC)		
	STATE JOB TITLE AND DESCRIBE YOUR WORK					
	TYPE OF TRUCK DRIVEN AND COMMODITIES HAULED IF APPLICABLE					
WERE YOU SUBJECT TO THE FMSCR?	YES	NO	WERE YOU SUBJECT TO DRUG AND ALCOHOL TESTING?	YES	NO	

UNEMPLOYMENT (if applicable) FROM (Date) _____ TO (Date) _____

8	COMPANY NAME			TELEPHONE		
	ADDRESS		CITY	STATE		DATE EMPLOYED (FROM.....TO)
	NAME OF SUPERVISOR			REASON FOR LEAVING (BE SPECIFIC)		
	STATE JOB TITLE AND DESCRIBE YOUR WORK					
	TYPE OF TRUCK DRIVEN AND COMMODITIES HAULED IF APPLICABLE					
WERE YOU SUBJECT TO THE FMSCR?	YES	NO	WERE YOU SUBJECT TO DRUG AND ALCOHOL TESTING?	YES	NO	

UNEMPLOYMENT (if applicable) FROM (Date) _____ TO (Date) _____

9	COMPANY NAME			TELEPHONE		
	ADDRESS		CITY	STATE		DATE EMPLOYED (FROM.....TO)
	NAME OF SUPERVISOR			REASON FOR LEAVING (BE SPECIFIC)		
	STATE JOB TITLE AND DESCRIBE YOUR WORK					
	TYPE OF TRUCK DRIVEN AND COMMODITIES HAULED IF APPLICABLE					
WERE YOU SUBJECT TO THE FMSCR?	YES	NO	WERE YOU SUBJECT TO DRUG AND ALCOHOL TESTING?	YES	NO	

UNEMPLOYMENT (if applicable) FROM (Date) _____ TO (Date) _____

10	COMPANY NAME			TELEPHONE		
	ADDRESS		CITY	STATE		DATE EMPLOYED (FROM.....TO)
	NAME OF SUPERVISOR			REASON FOR LEAVING (BE SPECIFIC)		
	STATE JOB TITLE AND DESCRIBE YOUR WORK					
	TYPE OF TRUCK DRIVEN AND COMMODITIES HAULED IF APPLICABLE					
WERE YOU SUBJECT TO THE FMSCR?	YES	NO	WERE YOU SUBJECT TO DRUG AND ALCOHOL TESTING?	YES	NO	

UNEMPLOYMENT (if applicable) FROM (Date) _____ TO (Date) _____

REFERENCES Give three additional work-related references			
Name	Address	Area code/Phone	Years Acquainted

I certify by my signature below that my License in not currently revoked or suspended. I further certify that by my signature below that I am not presently disqualified under the Federal Motor Carrier Regulations 40 CFR 391.15.

I certify all statements on this form are complete and correct to the best of my knowledge. I hereby authorize and request any former employer, lessee, treating physician or hospital or any other persons or companies, including any city, county, state or federal agency, department or bureau, to furnish any information in their files under my name. I agree to hold any source of information harmless for any error in reporting this information and release all persons whomsoever from any damages on account of furnishing said information. A photocopy of this authorization may be accepted by anyone as though it were original. In submitting this work history, I understand that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as past employers, business associates, financial sources, friends, neighbors, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living, whichever may be acceptable. This certified that this Occupational History was completed by me, and that all entries on it are true and complete to the best of my knowledge.

Name of Driver _____ Date _____
 (Please Print)
 Driver Signature _____ Updated 10/14/2015 12:45