

# Ohio Lumber & Building Supply, Inc. Job Application

9042 State Route 117, PO Box 284, Huntsville, Ohio 43324 Phone (937) 686-6434 Fax (937) 686-5125

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

Home Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (    ) \_\_\_\_\_ Other phone: (    ) \_\_\_\_\_

Position desired: \_\_\_\_\_ Full Time? \_\_\_\_\_ Part-time? \_\_\_\_\_ Temporary? \_\_\_\_\_

Rate of pay expected: \_\_\_\_\_

Have you worked for us before? \_\_\_\_\_ When and where? \_\_\_\_\_

Who referred you to Ohio Lumber? \_\_\_\_\_

List all States in which you have held a driver's license (at least 3 years must be shown:)

State	License No.	Class	Endorsements	Expiration Date

1. Have you ever been denied a license or privilege to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Has any license or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Have you ever been disqualified to drive a Commercial Motor Vehicle under the Federal Motor Carrier Safety Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer to 1, 2 or 3 above is yes, explain: \_\_\_\_\_

\_\_\_\_\_

**Driving Experience**

Class of Equipment	Type (dump, flat bed, etc.)	From/to dates	Approx. miles
Straight Truck			
Tractor Trailer			
Other			

**Safety Record: List all accidents for the past 5 years**

Dates	Describe accident	Injuries or fatalities?

**Specialized Skills: (heavy equipment operator, mechanical maintenance, construction, forklift, etc.)**

Dates	Type of Skill/Experience	Dates	Type of Skill/Experience

Employment Record (Show employment for at least 10 years, if applicable.)

Current Employer: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Full Address: \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held: \_\_\_\_\_ From (mo./yr.) \_\_\_\_\_ To (mo./yr.) \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Ending Wage \_\_\_\_\_  
Who may we contact to verify your employment? \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Full Address: \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held: \_\_\_\_\_ From (mo./yr.) \_\_\_\_\_ To (mo./yr.) \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Ending Wage \_\_\_\_\_  
Who may we contact to verify your employment? \_\_\_\_\_

Next Previous Employer: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Full Address: \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held: \_\_\_\_\_ From (mo./yr.) \_\_\_\_\_ To (mo./yr.) \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Ending Wage \_\_\_\_\_  
Who may we contact to verify your employment? \_\_\_\_\_

**APPLICANT – PLEASE READ AND SIGN:** “I certify that I read and understood the employment application, and I am submitting this application for the sole purpose of seeking employment with Ohio Lumber & Building Supply, Inc. It is agreed and understood that Ohio Lumber & Building Supply, Inc. or its agents may investigate my background and employment history, whether same is of record or not. I authorize, without reservation, any party or agency contacted by Ohio Lumber & Building Supply, Inc. to furnish requested information concerning my work history and character. I release all employers, USIS, and other persons named herein from all liability for damages due to furnishing such information. I certify that this application was completed by me and all answers I have given are truthful to the best of my knowledge. I understand that any misrepresentations or omissions may result in my rejection or dismissal parties from any liability whatsoever as a result of furnishing such information. I agree to furnish additional information and complete examinations and drug tests as may be required.”

**NOTICE:** The Fair Credit Reporting Act (Public Law 91-508) requires that we notify you that we may request an inquiry into your character, general reputation, personal characteristics and mode of living.

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_