

Simkins-Hallin Lumber Company Inc.
326 North Broadway P.O. Box 938
Bozeman, MT. 59771-0938
(406) 586-5495
Fax (406) 586-2653

Simkins-Hallin does not discriminate on the basis of age, race religion, color, sex, national origin, ancestry, veteran status, citizenship, or any other characteristic protected by law.

Application for Employment

Date _____ Position(s) _____

Last Name _____ First Name _____ Middle _____

Address _____ How Long _____
Street Apt # City State Zip

Telephone _____ Social Security # _____

Please answer the following question:

Are you at least 18 years of age? _____ Will you work daily overtime? _____

When will you be available for work? _____

Do you plan to work elsewhere or attend school while working for Simkins-Hallin Lumber?
_____ If yes, where? _____

Will you be attending school in the future? _____ If yes, when? _____

Are you prevented from lawfully becoming employed in the country because of a Visa or Immigration status? No _____ Yes _____ If yes, describe: _____

Are you presently employed? _____ If so, where? _____

Do you have to give notice to your present employer? _____

Do you authorize us to contact your present employer? _____

Do you authorize us to contact previous employers? _____

Are you willing to take a physical examination? _____

(All applicants for particular job categories will take a physical examination after receiving a conditional offer of employment by Simkins-Hallin Lumber Co. If the applicant has a satisfactory result from the examination then employment will be offered.)

Have you ever been disciplined or discharged for cause? _____ If yes describe: _____

Have you ever been convicted of a law violation, other than a minor traffic violation? (Note: A criminal record does not automatically disqualify an applicant from employment) Yes ___ No ___
If yes, please explain: _____

Education & Training

High School

Are you a high school graduate? _____ Average Grade _____

If you did not graduate, what was the last grade you completed? _____

Trade School

Name _____ Location _____

Courses _____ Average grade _____

Did you graduate? _____

If yes, what was your degree in? _____

Describe: _____

If you did not graduate, how much did you complete? _____

College

Name _____ Location _____

Courses _____ Average grade _____

Are you a college graduate? _____

If yes, what was your degree? _____

Describe: _____

If you did not graduate from college, what was your grade completed? _____

Other

Name _____ Location _____

Please describe (i.e. Major or Subject, Certificates or Degree Obtained, Year Attended, Training etc.)

List any First Aid Training _____

List any special skills or training which would related to the position(s) your are applying for

Personal References (Other than relatives or previous employers)

Name _____ Occupation _____ Phone _____

Name _____ Occupation _____ Phone _____

Name _____ Occupation _____ Phone _____

Notice of Intent To Verify Background Information

In connection with my application for employment with you, I understand a consumer report may be requested. I understand that previous employers may be contacted for information on my character, work habits, performance, along with reasons for my termination. Further, I understand that you may be requesting information concerning my motor vehicle operation history and criminal history from various states, private and insurance sources along with other public records available.

Applicant Signature

Date

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, handicap or other protected status.

1. _____
Last Employer Address Telephone #

Job Title Supervisor Reason for Leaving

Starting Date: _____ Ending Date: _____ Salary / Hourly Wage _____

Was the position a safety sensitive position and subject to Alcohol and Controlled Substance testing under DOT requirements? _____

Work Performed:

2. _____
Second Last Employer Address Telephone #

Job Title Supervisor Reason for Leaving

Starting Date: _____ Ending Date: _____ Salary / Hourly Wage _____

Was the position a safety sensitive position and subject to Alcohol and Controlled Substance testing under DOT requirements? _____

Work Performed:

3. _____
Third Last Employer Address Telephone #

Job Title Supervisor Reason for Leaving

Starting Date: _____ Ending Date: _____ Salary / Hourly Wage _____

Was the position a safety sensitive position and subject to Alcohol and Controlled Substance testing under DOT requirements? _____

Work Performed:

4. _____
Fourth Last Employer Address Telephone #

Job Title Supervisor Reason for Leaving

Starting Date: _____ Ending Date: _____ Salary / Hourly Wage _____

Was the position a safety sensitive position and subject to Alcohol and Controlled Substance testing under DOT requirements? _____

Work Performed:

Special Skills & Qualifications

Summarize special job-related skills and qualifications acquired from employment and other experiences.

STATEMENT OF PHYSICAL CONDITION

Is your general health adequate to perform essential job functions such as lifting heavy items or operating equipment?

Do you have any vision or hearing problems that possibly could impair your ability to work safely? For example: in operating trucks, forklifts or other equipment.

Do you wear glasses/contacts while driving and is this noted on your driver's license?

Can you perform the essential functions of the job you are applying for, with or without reasonable accommodations?

If you require reasonable accommodations, please describe the desired accommodation(s).

EXPERIENCE & QUALIFICATIONS
Yard & driver applicants

(Pages 6, 7, 8, & 9 to be completed by all yard and driver applicants. If not applying for a yard or driver position, please proceed to page 10.)

DRIVERS LICENSE (current and surrendered):

STATE	LICENSE NO.	CLASS & TYPE	EXPIRATION

CLASS OF EQUIPMENT

	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		TOTAL MILES OR TIME
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR/TRAILOR				
FORLIFT				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE
 (ATTACH SHEET IF MORE SPACE IS NEEDED)

	DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET ETC)	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FOREITURES FOR THE PAST 3 YEARS
 (OTHER THAN PARKING VIOLATIONS/ ATTACH SHEET IF MORE SPACE IS NEEDED)

DATE	LOCATION	CHARGE	PENALTY

Experience and Qualifications – Yard & Driver – (continued)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? _____

If yes, explain. _____

Has any license, permit, or privilege ever been suspended or revoked? _____

If yes, explain. _____

DRIVER'S LICENSE AND DRIVING RECORD

Do you have a current Montana Driver's License? _____ Yes _____ No

Do you agree to have your driver's license photocopied in order to obtain a copy of your driving record from the State of Montana? _____ Yes _____ No

**If yes, please attach a copy or bring your driver's license in for us to copy.

ALCOHOL AND CONTROLLED SUBSTANCE TESTING

Are you willing to be tested for controlled substances and/or alcohol? Yes _____ No _____

If so, please sign here acknowledging your consent.

CERTIFICATION OF SUBSTANCE ABUSE

Name: _____ Social Security # _____

In the past 3 years, have you submitted to an alcohol breath test that resulted in an alcohol concentration of .04 or greater? _____ If yes, when? _____

In the past 3 years, have you submitted to a controlled substance use test that verified positive? _____ If yes, when? _____

Have you ever refused to submit to an alcohol breath test? _____

Have you ever refused to submit to a controlled substance use test? _____

If you answered “yes” to any of the above questions, did you participate in an authorized “return –to-duty” referral, evaluation or treatment program. _____

If yes, please provide detail of program:

This signature certifies that the above information was completed by me, and that all entries on it, and information in it are true and complete. Any falsification of information may result in loss of employment opportunities.

Applicant’s signature

Date

DRIVER RIGHTS

As a driver and as an applicant to this company, you have the following rights. Please read the below rights and sign below, before completing the application.

1. The right to review information provided by previous employers;
2. The right to have errors in the information corrected by the previous employer and for the previous employer to re-send the corrected information to the prospective employer;
3. 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.

Applicant Signature

Date

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

The commercial Motor Vehicle Safety Act of 1986 provides for a new set of controls over the drivers of commercial vehicles. The new law applies to all drivers operating vehicle and combinations of vehicles with a Gross Vehicle Weight Rating (GVWR) over 26,000 pounds, and to any vehicle regardless of weight, transporting hazardous materials.

1. No driver may have more than one license, and no motor carrier may use a driver having more than one license.
2. A driver convicted of a traffic violation (other than parking), must notify the motor carrier and the state which issued the license to that driver of such conviction. Notification must be made within 30 days of conviction.
3. Any person applying for a job as a commercial motor vehicle driver must inform the prospective employer of all previous employment as a driver of a commercial vehicle for the past 10 years. This is in addition to any other required information about the applicant's employment history.
4. Any violation is punishable by a fine not to exceed \$2,500. In addition, the Federal Motor Carrier Safety Regulations now require that a driver who loses any privilege to operate a commercial vehicle or who is disqualified from operating a commercial motor vehicle must advise the motor carrier the next business day after receiving notification of such action.

Driver's Name (print) _____ SS # _____

Driver Address _____

License: _____
State issued Type/Class License Number

I hereby certify that I have read and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986. I further certify that the above commercial vehicle license is the only license held and that I have surrendered all other licenses.

Drivers Signature: _____

APPLICANT'S STATEMENT (READ CAREFULLY BEFORE SIGNING)

I certify that the answers given in this application are true and complete to the best of my knowledge.

I understand that incomplete applications will not be considered and that any misrepresentation of facts in this application constitutes grounds for dismissal from employment with Simkins-Hallin.

I understand that I must submit to controlled substance and/or alcohol tests at Simkins-Hallin if I work in a safety-sensitive position.

I authorize Simkins-Hallin to verify all statements made in this application. I also agree to release previous employers from any and all liability, of any type, regarding verification of said statements.

I understand that this application is in no way an implied contract of employment.

I understand that Simkins-Hallin has a direct deposit program. Upon the event of my employment with Simkins-Hallin I agree to consent to the program and furnish all of the required banking information. If I have no bank account, I will set up the necessary account at the bank of my choice.

In the event of employment, I understand that such employment will be on a probationary basis for a period of six months. During this six months any employment relationship with Simkins-Hallin, is of an "at will" nature, which means that the employer may discharge the employee at any time without cause.

In the event of employment, I agree to comply with all reasonable rules of Simkins-Hallin, as a condition of continued employment.

In the event that Simkins-Hallin advances me money or other things of value, or I otherwise become financially indebted to the company, I agree to repay the company and also that any wages due upon termination may be offset by payroll deductions against any such monies due Simkins-Hallin.

Signature of Applicant

Date

**** FOR OFFICE USE ****

INQUIRY OF PAST EMPLOYMENT

Company: _____ Applicant: _____

1. Dates applicant worked for your company: From _____ To _____

2. What kind(s) of work did applicant do? _____

3. If employed as a driver, specific type of equipment driven: _____

4. Number of Accidents _____ Number preventable _____

5. Was applicant's driver's license ever suspended or revoked? _____

6. Reason for leaving employment: Discharge _____ Laid Off _____ Resigned _____

7. Was applicant's general conduct satisfactory? Yes _____ No _____

8. Would you re-employ? Yes _____ No _____ Other _____

Any additional remarks with regards to questions 1-8 above?

Name or provider of information Title Date

Simkins-Hallin Employee Title