



APPLICATION FOR EMPLOYMENT

Mail completed application form to:
Yoder Lumber Company
Human Resources
4515 Township Road 367
Millersburg, OH 44654

Thank you for your interest in applying for a job with our company. Because of our commitment to excellence, we are only interested in hiring the best. We want to have a complete understanding of your qualifications, motivations, and interests, so that we can make careful and deliberate hiring decisions that will benefit both the company and our employees. Please answer the following questions honestly, completely, and thoughtfully.

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, veteran status, handicap/disability, ancestry, or any other protected class.

Date of application _____

PERSONAL INFORMATION

Email Address: _____

Last name: _____ First name: _____ MI: _____

Addresses of residency for the past 3 years:

Current Street: _____ City: _____

State: _____ Zip: _____ Telephone: () _____ How Long: _____

Previous Street: _____ City: _____ State: _____ Zip: _____ How Long: _____

Previous Street: _____ City: _____ State: _____ Zip: _____ How Long: _____

Do you have, or have you applied for, the legal right to remain permanently and work in the United States? Yes _____ No _____

Have you ever been discharged or asked to resign by an employer? Yes _____ No _____ If yes, please explain:

Date of Birth _____ (Required only for Commercial Drivers) Can you provide proof of age? Yes _____ No _____

A record of criminal conviction will not necessarily be a bar to employment, since the company will consider factors such as age, time of the offense, the nature and seriousness of the violation, and the evidence of rehabilitation in making any employment decision.

Have you ever been convicted of a crime, other than minor traffic violations? Yes _____ No _____ If yes, please explain:

YOUR JOB INTERESTS

Position desired: _____ Date you can start work: _____

What starting salary or wage do you expect: \$ _____/hr \$ _____/wk \$ _____/month

Are you available for full-time work? Yes _____ No _____ Are you available for part-time work? Yes _____ No _____

Are you willing to work any shift? Yes _____ No _____

Are there any days of the week when you would not be available to work? _____

How did you learn of this job opening? _____

Have you ever worked for this company before? Yes ___ No ___ When _____ Last supervisor _____

Why did you leave? _____

Do you know anyone who works here? Yes _____ No _____ Who? _____

EDUCATION AND TRAINING

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College/Trade/Tech School: 1 2 3 4 5 6

What was the last school you attended? _____

What extracurricular activities did you participate in, and what special skills did you acquire which might be helpful for the job in which you are applying? _____

YOUR WORK EXPERIENCE

Beginning with your present or most recent employer, describe your employment experiences below: (Add another sheet if necessary)

Are you presently employed? Yes ___ No ___ Are you on layoff and subject to recall? Yes ___ No ___ If yes, to where? _____

1. Present or last employer: _____

Address: _____ Phone: _____

Kind of business: _____ Dates employed: From: _____ To: _____ Supervisor: _____

Starting position: _____ Pay: \$ _____

Final position: _____ Pay: \$ _____

Description of your work and responsibilities: _____

Reason for leaving: _____ Will you receive a satisfactory reference from this employer? Yes ___ No ___

If no, please explain: _____

May we contact your present employer at this time? Yes ___ No ___ If no, please explain: _____

2. Next previous employer: _____

Address: _____ Phone: _____

Kind of business: _____ Dates employed: From: _____ To: _____ Supervisor: _____

Starting position: _____ Pay: \$ _____

Final position: _____ Pay: \$ _____

Description of your work and responsibilities: _____

Reason for leaving: _____ Will you receive a satisfactory reference from this employer? Yes ___ No ___

If no, please explain: _____

3. Next previous employer: _____

Address: _____ Phone: _____

Kind of business: _____ Dates employed: From: _____ To: _____ Supervisor: _____

Starting position: _____ Pay: \$ _____

Final position: _____ Pay: \$ _____

Description of your work and responsibilities: _____

Reason for leaving: _____ Will you receive a satisfactory reference from this employer? Yes ___ No ___

If no, please explain: _____

4. Next previous employer: _____ City, State: _____ Phone: _____

5. Next previous employer: _____ City, State: _____ Phone: _____

PLEASE COMPLETE THIS SECTION IF THE JOB FOR WHICH YOU ARE APPLYING MIGHT REQUIRE YOU TO DRIVE COMPANY VEHICLES

Do you have a valid driver's license? Yes ___ No ___ License number and state: _____ Endorsements? _____

Have you had any accidents in the last five years? Yes ___ No ___ If yes, please give details:

Have you been cited for any moving violations in the last five years? Yes ___ No ___ If yes, please give details:

Has your driver's license ever been suspended, revoked, denied or canceled? Yes ___ No ___ If yes, please explain:

YOUR MILITARY EXPERIENCE

Have you ever been in the United States Armed Services?

Yes ___ No ___ What branch? _____

Describe any skills you acquired in the service which would be useful to the job for which you are applying: _____

OTHER QUALIFICATIONS AND EXPERIENCE

List past courses or other training that will help you in this position _____

List special equipment or technical materials you can work with (Other than those already shown elsewhere on this application _____

List other experiences that may help with your work for this company _____

YOUR REFERENCES

List the names of any professional or personal character references who have known you for the last three years and from whom you can obtain letters of recommendation. Please do not list relatives:

1. Name: _____ Occupation: _____

Address: _____ City/state/zip: _____ Phone: _____

Relationship to applicant: _____

2. Name: _____ Occupation: _____

Address: _____ City/state/zip: _____ Phone: _____

Relationship to applicant: _____

3. Name: _____ Occupation: _____

Address: _____ City/state/zip: _____ Phone: _____

Relationship to applicant: _____

PLEASE COMPLETE THIS SECTION IF THE JOB FOR WHICH YOU ARE APPLYING REQUIRES OPERATION OF A COMMERCIAL MOTOR VEHICLE. (Includes vehicles having a GVWR of 26,001 lbs. or higher, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.)

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approx No. of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Other _____				

List states operated in for last five years: _____

Do you hold any safe driving awards? Yes _____ No _____ From whom? _____

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with Yoder Lumber (“Prospective Employer”), its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize Yoder Lumber (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature _____

ANY OTHER INFORMATION? _____

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY

By signing below, I certify that I have read, understand and agree to each of the following statements:

All of the information I have supplied on this application is true, accurate and complete, to the best of my knowledge, and I have not knowingly withheld any information which, if known to the company, would affect my application unfavorably. If I am hired by the company, and it is discovered at any time during my employment that any of the statements or answers on this application are false, misleading, or incomplete, I may be dismissed immediately from my job.

This employment application will be considered active for one (1) year from the date below. If I want to be considered for a job with the company after this period of time I must fill out another application.

I agree to submit to a medical examination which may include testing for drugs or alcohol prior to beginning work with the company. I understand that if I am employed by the company, I may be required, when job related and consistent with the company's business needs, to undergo a medical examination or testing for alcohol or other drugs.

In consideration of my employment with the company, I agree to abide by all the company's rules and regulations.

I understand that nothing in this employment application creates a contract of employment between me and the company. If I am hired by the company, my employment and compensation are "at will," which means that my employment can be terminated, either by the company or me, with or without cause, and with or without notice.

I agree to release to the company or its designated agents all medical information, including but not limited to files, reports, x-rays, evaluations, and opinions held by medical personnel, to the extent such information is job-related and consistent with the company's business needs. I acknowledge that this is a general release and that if hired, it remains in effect for the duration of my employment.

In the event of my personal indebtedness to the company, I authorize the company to withhold from my wages such amounts as permitted by law to satisfy my obligation to the company.

I give the company my permission to conduct any investigation regarding the information contained in my employment application, which the company thinks is necessary to determine my qualifications for assuming a job with the company. I give the company my permission to contact any former employer, school, college or university, utility company, credit or finance bureau or office, any personal or professional reference, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation, credit, education, or employment record, and I give my consent to any such source to release to the company whatever information they have about me. I also unconditionally release all named and unnamed sources from any and all liability which might result from furnishing any information about me.

Date

Signature

PROCESS RECORD (Office use only)

HIRE (START) DATE _____ LOCATION _____ DEPT _____ POSITION _____
SALARY (ANNUAL) _____ HOURLY RATE _____ VAN ROUTE _____