



EMPLOYMENT APPLICATION

Federal Law obligates us to provide reasonable accommodation for known disabilities of applicants, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process.

AN EQUAL OPPORTUNITY EMPLOYER

Answer each question completely and accurately. No action can be taken on the application until all questions have been answered.		
Position(s) Applied for: _____ Date Available for Work: _____		
Name: _____		
First	Middle	Last
Other Names Used: _____		
Current Address: _____		Telephone: () _____
City: _____	State: _____	Zip: _____ County: _____ How long: _____ (years) (months)
(1) Previous Address: _____		Telephone: () _____
City: _____	State: _____	Zip: _____ County: _____ How long: _____ (years) (months)
(2) Previous Address: _____		Telephone: () _____
City: _____	State: _____	Zip: _____ County: _____ How long: _____ (years) (months)
Drivers License Number: _____ State: _____ Date of Expiration: _____		
Are you at least 18 years of age? Yes ___ No ___ if not, age _____.		
If you are hired, can you furnish proof you are eligible to work in the U.S.? Yes ___ No ___		
Are you seeking: Full-time ___ Part-time ___ Temporary ___		
Salary expected: \$ _____ Referred by: _____		

APPLICANT STATEMENT - Do not sign until you have read and understand the following statements:

Split Rail Fence & Supply Co., LLC. ("the Company") provides equal opportunities in hiring and employment to all applicants regardless of race, color, religion, national origin, marital status, sex, age, disability, veteran status, or other category prohibited by law.

I understand that this application does not create a contract of employment, nor guarantee employment for any definite period of time. I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time, for any reason with or without prior notice, and I understand that the Company has the same right.

I authorize the Company to procure, whether on its own or through a consumer reporting agency, the preparation of a consumer report and/or an investigative consumer report for employment purposes. This means that by my signature I authorize all persons, schools, companies, corporations, credit bureaus, former employers, and municipal, county, state, and federal agencies to provide all information that is requested concerning my background to the Company or to a consumer reporting agency selected by the Company. I further release all of the above, including the Company and any of its agents, to the fullest extent permitted by law from claims, damages, losses, liabilities, and expenses arising from the retrieving, reporting, or use of any such information. Any investigative report will remain CONFIDENTIAL to the extent required by law and will only be used to determine employment eligibility by authorized representatives of the Company or any of its corporate affiliates.

I understand that all offers of employment are contingent upon successful completion of a pre-employment evaluation, and drug screen and in some cases, physical ability testing, in accordance with applicable law. A copy of this document is as valid as the original.

I agree to execute such other documents as may be necessary for the Company to investigate my suitability for employment. I also authorize the Company to provide information concerning any work that I may perform for the Company, if I am hired, to future prospective employers and I agree not to file any claims or lawsuits against the Company for providing such information. I certify that all of the information that I provide on this application is true and complete and that all the information that I provide in any interviews or on additional forms will be true and complete. I understand that if I am made a job offer or employed and any such information is found to be false, misleading or omitted in any respect, my employment offer may be rescinded or I may be dismissed and will not hold the Company responsible.

Signature: _____ Date: _____

RECORD OF PREVIOUS EMPLOYMENT

Please list your present and/or previous employers with present or last employer listed first. Be sure to account for all periods of time including military service, self-employment, etc. and any period of unemployment. *The last ten years of employment must be included; attach additional sheet if necessary.*

Employer: _____ Supervisor: _____ Telephone: () _____ Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____	<u>Dates of Employment</u> From: _____ month/year To: _____ month/year <u>Pay</u> Start: \$ _____ Final: \$ _____ List any bonus, incentive, commission pay, etc.: _____	Position: _____ Duties: _____ _____ _____ _____
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May we contact this employer? yes ___ no ___ If no, please explain: _____

Employer: _____ Supervisor: _____ Telephone: () _____ Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____	<u>Dates of Employment</u> From: _____ month/year To: _____ month/year <u>Pay</u> Start: \$ _____ Final: \$ _____ List any bonus, incentive, commission pay, etc.: _____	Position: _____ Duties: _____ _____ _____ _____
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May we contact this employer? yes ___ no ___ If no, please explain: _____

Employer: _____ Supervisor: _____ Telephone: () _____ Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____	<u>Dates of Employment</u> From: _____ month/year To: _____ month/year <u>Pay</u> Start: \$ _____ Final: \$ _____ List any bonus, incentive, commission pay, etc.: _____	Position: _____ Duties: _____ _____ _____ _____
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May we contact this employer? yes ___ no ___ If no, please explain: _____

Employer: _____ Supervisor: _____ Telephone: () _____ Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____	<u>Dates of Employment</u> From: _____ month/year To: _____ month/year <u>Pay</u> Start: \$ _____ Final: \$ _____ List any bonus, incentive, commission pay, etc.: _____	Position: _____ Duties: _____ _____ _____ _____
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May we contact this employer? yes ___ no ___ If no, please explain: _____

BUSINESS REFERENCES

Please list people with whom you have worked (previous managers/supervisors are preferable). Do not list relatives.

Name	Title	Address	Telephone Number (include area code)	Years known

EDUCATION

Please list the names used while attending any schools listed below: _____

Full school name and address	Years completed (circle)	Diploma or Degree (circle)	Describe course of study or major	Specialized skills, training, experience, extracurricular activities
High School:	9 10 11 12	Yes No		
College/University:	1 2 3 4	Yes No		
Graduate/Professional:	1 2 3 4	Yes No		
Trade or Correspondence:		Yes No		
Other:		Yes No		

SKILLS

Indicate skills and machines you are qualified to operate (include degree of proficiency).

<p>OFFICE SKILLS</p> <p>Computer Software _____</p>
<p>WAREHOUSE SKILLS</p> <p>Pallet Jack _____ Forklift _____ Forklift Type _____ CDL _____</p> <p>Other: _____</p>
<p>List additional skills, certifications, experience, education, etc. which you feel would assist in qualifying you for the position.</p> <p>_____</p> <p>_____</p>

CONFLICTS OF INTEREST

Do you have or anticipate employment or any additional business which may constitute a conflict of interest with the Company?

Yes ____ No ____ If yes, please explain: _____

CRIMINAL INFORMATION

Have you ever been convicted of or pled guilty to a felony within the last seven years? yes _____ no _____

Note: Answering "Yes" to this question does not deny you employment. Factors such as time of the offense, seriousness, nature of the violation and rehabilitation will be taken into account.

If yes, please state the date of each conviction or plea, identify the court and the offense, and explain the circumstances: _____

OTHER INFORMATION

Have you ever been employed by Split Rail Fence & Supply Co., LLC? Yes _____ No _____ If yes, give Location(s) _____ Position(s): _____ Date(s): _____

Do you have any objections to working overtime if necessary? Yes _____ No _____

Can you travel if required by this position? Yes _____ No _____

Have you ever been discharged or asked to resign by any employer? Yes _____ No _____

If yes, please explain: _____

If you have relatives working at Split Rail Fence & Supply Co., LLC, please list their names and indicate their relationship to you:

Name _____ Relationship _____

Name _____ Relationship _____

INSURANCE INFORMATION (To be completed for positions that require driving, excluding CDL Driver.) Applicants selected for non-CDL Driver positions that require driving, such as sales positions, are required to have personal automobile insurance.

If you are applying for one of these positions, do you have automobile insurance? Yes _____ No _____

If yes, please supply insurance company: _____

Account Number: _____ If yes, has your personal automobile insurance ever been canceled? Yes _____ No _____

If yes, please explain circumstances: _____

DRIVER INFORMATION (To be completed for positions that involve driving, excluding CDL Driver.)

Do you have a current driver's license? Yes _____ No _____

State: _____ Driver's License Number: _____ Expiration Date: _____

Has your driver's license ever been suspended or revoked? Yes _____ No _____

If yes, please explain circumstances: _____

Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)? Yes _____ No _____

If yes, please explain circumstances and outcome: _____

Please list all moving traffic violations in the last five (5) years including offense, date, city, state, county:

ALL CDL DRIVER POSITIONS ARE REQUIRED TO COMPLETE A DRIVER SUPPLEMENT ALONG WITH THIS APPLICATION. This portion of the application can be found on the last page.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Signature of Applicant

Date

To be completed for **DOT** related Positions

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license".
I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR - TWO TRAILERS			
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.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES NO
				YES NO
				YES NO
				YES NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED	VIOLATION	STATE OF VIOLATION	PENALTY (forfeited bond, collateral and/or points)

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Signature of Applicant

Date

Printed Name of Applicant