



Application for Employment

An Equal Opportunity Employer

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizen status, genetic information or any other legally protected status.

PERSONAL INFORMATION				
FULL NAME	FIRST	MIDDLE	LAST	SOCIAL SECURITY NO.
CURRENT ADDRESS				PRIMARY PHONE.
CITY, STATE ZIP				SECONDARY PHONE
EMAIL ADDRESS				
HOW WERE YOU REFERRED				

GENERAL INFORMATION	
ARE YOU UNDER THE AGE 18? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO, CAN YOU SUPPLY WORKING PAPERS? YES <input type="checkbox"/> NO <input type="checkbox"/>
U.S. CITIZENS OR ALIENS WHO HAVE THE A LEGAL RIGHT TO WORK IN THE US ARE ELIGIBLE FOR EMPLOYMENT. UPON EMPLOYMENT, CAN YOU PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
A CONVICTION RECORD WILL NOT NECESSARILY NEGATE YOUR CHANCES OF EMPLOYMENT. FACTORS SUCH AS JOB RELATIONS, AGE, TIME OF OFFENSE, SERIOUSNESS, NATURE OF VIOLATION, AND REHABILITATION WILL ALL BE CONSIDERED.	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF YES, PLEASE EXPLAIN.	
HAVE YOU EVER BEEN DISCHARGED FROM EMPLOYMENT OR FORCED TO RESIGN? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF SO, PLEASE EXPLAIN.	

IF YOU HAVE ANY QUESTIONS CONCERNING THE POSITION, PLEASE ASK THE INTERVIEWER BEFORE ANSWERING.

JOB INTEREST		
TYPE OF WORK DESIRED	POSITION (S) DESIRED	WAGE DESIRED
DATE AVAILABLE TO START		
WORK AVAILABILITY PLEASE CHECK ALL THAT APPLY	FULL <input type="checkbox"/> PART <input type="checkbox"/> OVERTIME, IF REQUIRED <input type="checkbox"/> WEEKENDS, IF REQUIRED <input type="checkbox"/> SEASONAL <input type="checkbox"/> TEMPORARY <input type="checkbox"/>	

Conditions of employment are listed at the end of this form. Please read carefully before you sign this application. Application must be completed in full even if attaching a resume. Job applications are considered active for 60 days, after which, the applicant must reapply for further consideration.

EMPLOYMENT HISTORY		
BEGIN WITH YOUR MOST RECENT EMPLOYMENT, CONTINUING WITH YOUR PAST EMPLOYMENT FOR THE LAST 5 YEARS. ADDITIONAL SHEETS MAY BE ATTACHED IF NECESSARY.		
ALL DRIVER APPLICANTS MUST PROVIDE INFORMATION ON ALL PREVIOUS EMPLOYERS FOR THE LAST THREE YEARS. LIST THE COMPLETE MAILING ADDRESS INCLUDING STREET NUMBER, CITY, AND ZIP CODE. APPLICANTS DRIVING A COMMERCIAL MOTOR VEHICLE IN INTERSTATE OR INTRASTATE MUST PROVIDE AN ADDITIONAL 7 YEARS OF INFORMATION.		
EMPLOYER NAME	JOB TITLE	DATES EMPLOYED
EMPLOYER ADDRESS	DESCRIPTION OF DUTY	STARTING WAGE
		ENDING WAGE
EMPLOYER PHONE NO.	REASON FOR LEAVING	MAY WE CONTACT YES <input type="checkbox"/> NO <input type="checkbox"/>
EXPLANATION OF ANY PERIOD BETWEEN JOBS		
WERE YOU SUBJECT TO THE FMCSR DURING THIS EMPLOYMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>		
WAS YOUR JOB DESIGNATED A SAEFTY SENSITIVE FUNCTION? YES <input type="checkbox"/> NO <input type="checkbox"/>		
WERE YOU SUBJECTED TO DOT REGULATED DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES <input type="checkbox"/> NO <input type="checkbox"/>		
EMPLOYER NAME	JOB TITLE	DATES EMPLOYED
EMPLOYER ADDRESS	DESCRIPTION OF DUTY	STARTING WAGE
		ENDING WAGE
EMPLOYER PHONE NO.	REASON FOR LEAVING	MAY WE CONTACT YES <input type="checkbox"/> NO <input type="checkbox"/>
EXPLANATION OF ANY PERIOD BETWEEN JOBS		
WERE YOU SUBJECT TO THE FMCSR DURING THIS EMPLOYMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>		
WAS YOUR JOB DESIGNATED A SAEFTY SENSITIVE FUNCTION? YES <input type="checkbox"/> NO <input type="checkbox"/>		
WERE YOU SUBJECTED TO DOT REGULATED DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES <input type="checkbox"/> NO <input type="checkbox"/>		
EMPLOYER NAME	JOB TITLE	DATES EMPLOYED
EMPLOYER ADDRESS	DESCRIPTION OF DUTY	STARTING WAGE
		ENDING WAGE
EMPLOYER PHONE NO.	REASON FOR LEAVING	MAY WE CONTACT YES <input type="checkbox"/> NO <input type="checkbox"/>
EXPLANATION OF ANY PERIOD BETWEEN JOBS		
WERE YOU SUBJECT TO THE FMCSR DURING THIS EMPLOYMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>		
WAS YOUR JOB DESIGNATED A SAEFTY SENSITIVE FUNCTION? YES <input type="checkbox"/> NO <input type="checkbox"/>		
WERE YOU SUBJECTED TO DOT REGULATED DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES <input type="checkbox"/> NO <input type="checkbox"/>		

DRIVING INFORMATION			
ANY APPLICANT APPLYING FOR A POSITON REQUIRING DRIVING MUST COMPLETE THE FOLLOWING SECTION. ACCIDENT RECORD FOR THE PREVIOUS 5 YEARS. ATTACH ADDITIONAL SHEETS IF NECESSARY.			
LICENSE TYPE	ISSUING STATE	LICENSE NO.	EXPIRATION DATE
DRIVING INCIDENTS			
DATE OF ACCIDENT	TYPE OF ACCIDENT	FATALITIES OR INJURIES	HAZARDOUS MATERIAL SPILL
		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF SO, PLEASE EXPLAIN.			
TRAFFIC CONVICTIONS FOR THE LAST 3 YEARS. ATTACH ADDITONAL SHEETS IF NECESSARY.			
DATE	LOCATION	CHARGE	PENALTY
IF SO, PLEASE EXPLAIN.			
DRIVING EXPERIENCE			
TYPE OF EQUIPMENT	FROM	TO	APPROXIMATE MILES DRIVEN
STRAIGHT TRUCK			
TRACTOR & SEMITRAILER			
TRACTOR & TWO TRAILERS			
TRACTOR & TRIPLE TRAILERS			
OTHER			

- HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVLEDGE TO OPERAT A MOTOR VEHICLE? YES ☐ NO ☐
- HAS YOUR LICENSE, PERMIT, OR PRIVLEDGE EVER BEEN CANCELLED, DENIED, SUSPENDED, OR REVOKED? YES ☐ NO ☐
- HAVE YOU EVER TESTED POSITIVE FOR ALCOHOL OR A CONTROLLED SUBSTANCE? YES ☐ NO ☐
- HAVE YOU EVER BEEN CONVICTED OR PLED GUILTY OR NO CONTEST TO A DWI/DUI OR ANY DRUG OR ALCOHOL RELATED OFFENSE? YES ☐ NO ☐
- ARE YOU CURRENTLY TAKING ANY MEDICATIONS PRESCRIBED OR OTHERWISE THAT COULD AFFECT YOUR ABILITY TO DRIVE A VEHICLE SAFELY? YES ☐ NO ☐
- IF YOU ANSWERD YES TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE DETAILS. _____

- LIST ANY DRIVING CLASSES OR AWARDS YOU HAVE RECEIVED. _____

EDUCATION			
TYPE OF SCHOOL	NAME AND ADDRESS	GRADUATED	DEGREE
HIGH SCHOOL		YES <input type="checkbox"/> NO <input type="checkbox"/>	
COLLEGE		YES <input type="checkbox"/> NO <input type="checkbox"/>	
GRADUATE		YES <input type="checkbox"/> NO <input type="checkbox"/>	
TRADE		YES <input type="checkbox"/> NO <input type="checkbox"/>	
OTHER		YES <input type="checkbox"/> NO <input type="checkbox"/>	

REFERENCES			
NAME	PHONE NO.	RELATIONSHIP	YEARS KNOWN

ADDITIONAL QUALIFICATIONS OR EXPERIENCE
LIST ANY OTHER SKILLS, QUALIFICATIONS, OR EXPERIENCE YOU BELIEVE WILL HELP YOU IN BEING CONSIDERED FOR THE POSITION YOU APPLIED FOR.
SKILLS
QUALIFICATIONS
EXPERIENCE

ADDITIONAL COMMENTS OR CONCERNS

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NOTIFICATION AND AGREEMENT

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE, AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION, OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of Lee Supply Company, Inc. to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State, or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

I hereby certify that all the facts and information listed on this employment application are true and complete. I understand that any false, incomplete, or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in dismissal.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or company medical examination or inquiry, including a drug-screening test. I consent to the investigation, physical and drug test.

I hereby authorize Lee Supply Company, Inc. to investigate all statements contained in this application, to interview the references and previous employers listed in the application (unless otherwise noted), and to obtain a report from a consumer-reporting agency to be used for employment purposes in accordance with the Fair Credit Reporting Act. I authorize the references and previous employers listed to give Lee Supply Company, Inc. all facts, opinions, and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such information to Lee Supply Company, Inc., including, but not limited to, any liability or invasion of privacy. I understand that I will be provided with a separated consent form authorizing a consumer report and/or investigative consumer report.

If I am applying for a position as a driver with Lee Supply Company, Inc., I understand that information I provide regarding current and/or previous employers may be used, and those employers contacted for investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer, and;
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice at any time by the company.

I further understand and voluntarily agree as a condition of employment or my continued employment, that I may be requested by Lee Supply Company, Inc. to submit to a urinalysis or other drug screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in immediate dismissal.

I acknowledge that I have a valid driver's license in one of the 50 United States. I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE _____ DATE _____