



American Wood Fibers (AWF) and AWF Express (AWFX) is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, veteran status or any other basis upon which discrimination is prohibited. As an equal opportunity employer, this company intends to comply fully with all federal and state laws and the information requested on this application will not be used for any purpose prohibited by law. In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire. Any reference to American Wood Fibers is interchangeable with AWF Express. The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

SSN Date of Birth

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Desired Schedule: _____ Desired Salary: \$ _____

Positions Applied for: _____

Are you legally eligible for employment in the US? (If hired, you will be required to produce documents to prove eligibility) YES NO Are you at least 18 years old? (Employment is subject to verification that you are a minimum legal age) YES NO

AWF is totally smoke-free. Smoking is prohibited on premises or while performing company duties. Are you able to fully comply with this policy? YES NO How did you hear about AWF? _____

Have you ever been discharged or asked to resign? YES NO If discharged, please explain? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Military Service

Branch: _____ From: _____ To: _____
 Rank at Discharge: _____ Duties/Training: _____

References

Please list three professional references

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

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 Number	Type	Expiration Date

List other driver licenses or permits held in the past 3 years: _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? **YES** or **NO**

Has any license, permit or privilege ever been suspended or revoked? **YES** or **NO**

If yes to any of the above, please provide details:

Accident Record

List your accident record for the past 3 years or more. Attach an additional sheet if needed. If accident free, write "None"

Dates	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Number of Fatalities	Number of Injuries	Hazardous Material Spill (Yes or No)

Traffic Convictions

List traffic convictions and forfeitures for the past 3 years (other than parking violations). If none, write "None"

Dates	Violation	State of Violation Location	Penalty (forfeited bond, collateral and/or points)

Driving Experience

Class of Equipment	Type (Van, Tank, Dump, Refer)	Dates From (M/Y) To (M/Y)	Approx. # of Miles (Total)
Straight Truck			
Tractor and Semi-Trailer			
Tractor- Two Trailers			
Tractor – Three Trailers			
Motor coach – School Bus (More than 8 passengers)			
Motor coach – School Bus (More than 15 passengers)			
Other			

Additional Driving Experience and Qualifications

List states operated in for last 5 years.	
Lists any courses/training that will help you as a driver.	
List any safe driving awards, dates and from whom.	
List any trucking, transportation or other experience relevant to the position.	
List special equipment or technical materials you can work with relevant to the position.	

Previous Employment

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record). **List employers in reverse order starting with the most recent. Use back of application and/or additional paper if needed**

*Includes vehicles having a GVWR of 26,001 lbs. or more; vehicles designed to transport fifteen (15) or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

^The Federal Motor Carrier Safety Regulations (FMCSR) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs. or more; (2) is designed or used to transport nine (9) or more passengers; or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Employer		Position Details	
Name		Dates From (M/Y) To (M/Y)	
Address		Position Held	
City, State, Zip		Salary/Wage	
Phone Number		Reason for Leaving	
Supervisor			
Were you subject to the FMCRs while employed? YES <input type="checkbox"/> or NO <input type="checkbox"/>			
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES <input type="checkbox"/> or NO <input type="checkbox"/>			
Employer		Position Details	
Name		Dates From (M/Y) To (M/Y)	
Address		Position Held	
City, State, Zip		Salary/Wage	
Phone Number		Reason for Leaving	
Supervisor			
Were you subject to the FMCRs while employed? YES <input type="checkbox"/> or NO <input type="checkbox"/>			

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? **YES** or **NO**

Employer		Position Details	
Name		Dates From (M/Y) To (M/Y)	
Address		Position Held	
City, State, Zip		Salary/Wage	
Phone Number		Reason for Leaving	
Supervisor			

Were you subject to the FMCRs while employed? **YES** or **NO**

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? **YES** or **NO**

Employer		Position Details	
Name		Dates From (M/Y) To (M/Y)	
Address		Position Held	
City, State, Zip		Salary/Wage	
Phone Number		Reason for Leaving	
Supervisor			

Were you subject to the FMCRs while employed? **YES** or **NO**

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? **YES** or **NO**

Employer		Position Details	
Name		Dates From (M/Y) To (M/Y)	
Address		Position Held	

City, State, Zip		Salary/Wage	
Phone Number		Reason for Leaving	
Supervisor			
Were you subject to the FMCRs while employed? YES <input type="checkbox"/> or NO <input type="checkbox"/>			
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES <input type="checkbox"/> or NO <input type="checkbox"/>			
Employer		Position Details	
Name		Dates From (M/Y) To (M/Y)	
Address		Position Held	
City, State, Zip		Salary/Wage	
Phone Number		Reason for Leaving	
Supervisor			
Were you subject to the FMCRs while employed? YES <input type="checkbox"/> or NO <input type="checkbox"/>			
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES <input type="checkbox"/> or NO <input type="checkbox"/>			

Sec. 40.25(j): As the employer, you must also ask the employee whether he or she has tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety sensitive functions for you until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e)).

The prospective employee is required by Sec. 40.25(j) to respond to the following questions:

1. Have you ever tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? **YES** or **NO**
2. If you answered yes, can you provide/obtain proof that you have successfully completed the DOT return to duty requirements? **YES** or **NO**

Additional Information

Briefly explain why you desire to work for AWF and AWFx and why you would make a good employee.

Disclaimer and Signature

Any reference to American Wood Fibers (AWF) is interchangeable with AWF Express (AWFX).

I certify that I am otherwise qualified under part 391 (qualification of drivers) of the federal motor carrier safety regulations.

I authorize you to make such investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of 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 current/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.*

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize AWF and its affiliated companies to verify their accuracy and to obtain reference information on my work performance. I hereby release AWF and its affiliated companies from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I further understand that if an offer is made to me that my employment is contingent upon favorable background and drug screening results. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature: _____ Date: _____