

PLEASE COMPLETE THE FOLLOWING

HOW DID YOU LEARN WE WERE ACCEPTING APPLICATIONS?

READER BOARD --- Y ___ N ___

PERSONAL REF --- Y ___ N ___ PLEASE NAME _____

NEWSPAPER AD --- Y ___ N ___ NAME OF PAPER _____

RADIO STATION --- Y ___ N ___ NAME OF STATION _____

INTERNET --- Y ___ N ___ WEB SITE: www._____

OTHER SOURCE --- Y ___ N ___ NAME OF SOURCE _____

**PLEASE DO NOT CALL OR STOP BY THE OFFICE TO CHECK
ON YOUR APPLICATION. FAILURE TO COMPLY MAY RESULT
IN THE REJECTION OF YOUR APPLICATION!!!**

Please attach an extra page if additional space is needed for any part of this application.

LEMMONS TRUCKING, INC. APPLICATION COVER SHEET

We thank you for your interest in Lemmons Trucking. Please take a few minutes to read the following information.

Please review the entire application before you begin filling it out. Legibility, completeness, organization, and accuracy are very important. If more space is needed for any part of this application, attach an extra sheet of paper.

Only the Lemmons Trucking application will be accepted for consideration. You may submit resumes, letters of reference, etc., when you return your completed application. We may stop accepting applications at any time without notice.

You may apply for any job opening that we have posted. An application for any other position may not be considered. Your application will remain active for three (3) months. After 3 months, you may reapply for any posted openings for which you are qualified.

We strongly support a Drug-Free Work Place. Any offer of employment made to an applicant is contingent on passing a required pre-employment drug screen. We also conduct random selection drug and alcohol testing in accordance with Federal Motor Carrier Safety Administration (FMCSA) Regulations.

You must read, sign, and date this cover letter; the application; the attached Reference Check Authorization and Release form; and other attached documents. Failure to sign and return them with the completed application may result in the rejection of your application. We will use the Reference Check Authorization and Release form when we contact former employers, educational institutions, references, others identified in the reference checking process, individuals identified or provided in the hiring process, etc. A copy is as valid as the original.

We regularly have clients, potential customers, government agency representatives, vendors, etc., who visit our facility. It is important that Lemmons Trucking maintains its image in the community and the confidence of our customers by ensuring we have a worksite, equipment, etc., that is neat and clean in appearance. We require neat and trim hair off the shirt collar and facial hair kept close to the face and neatly trimmed. In most instances we do not allow the wearing of jewelry, with the exception of a watch, as this is a safety hazard around equipment, climbing ladders, etc. At a minimum, an employee must wear long pants and a short-sleeved t-shirt. Clothing must be free of inappropriate material, words, images, etc. If hired, an employee must agree to comply with Lemmons Trucking's grooming, appearance, and clothing standard for the duration of employment.

CERTIFICATION:

I acknowledge that I have read, fully understand, and agree to comply with the contents of this application cover sheet. I understand I must sign and return this letter with my completed application.

Applicant's Signature

Date

Please attach an extra page if additional space is needed for any part of this application.

LEMMONS TRUCKING, INC

P. O. Box 278 – 20 Fibre Way

Longview, WA 98632

(360) 636-5191

Please review the entire application before you begin. Legibility, accuracy, organization and completeness are important. You must read and sign all required certifications.

Last Name* _____ First Name* _____ Middle Initial* _____

Date of Birth* _____ Social Security Number* _____

Telephone number where you can be contacted: **		Current residence address: **	
Residence addresses for the past three years:*			Dates you lived there
*			*
*			*

Job Applied For: _____ Today's Date: _____

Are You Seeking: Full Time Part Time Temporary Summer Employment

Shifts you are available to work: Day Shift Swing Shift Graveyard Shift

When are you available for employment? _____ Shift Preference: _____

Have you ever worked for this company before? Yes No If yes, when? _____

In what job position(s): _____

Experience, Education Or Training	Please indicate the nature and extent of your experience in the operation of motor vehicles, including the equipment type (such as buses, trucks, truck tractors, semi-trailers, full trailers, and pole trailers). * Also indicate education, vocational training, work experience or other information relevant to the job for which you are applying.
--	--

Educational History: List in detail your educational history in the spaces provided below		
<u>Name and Location of School</u>	<u>Dates Attended</u>	<u>Subjects Studied</u>
_____	From _____ To _____	_____
_____	From _____ To _____	_____
_____	From _____ To _____	_____

* This information is required by the Federal Motor Carrier Safety Administration, U.S. Department of Transportation, 49 CFR 391.21.

Please attach an extra page if additional space is needed for any part of this application.

Work Experience Provide a **complete 10 year work history** including **ALL** employers during the past ten years, beginning with your most recent job held and include all information requested below for that employer. (FMCSA requires three-year history of all employees plus CMV employment for the past 10 years)*. If you were self-employed, give company name, dates, etc., and be prepared to show documented proof of self employment

Employer: *	Name of Last Supervisor	Employment Dates*	Pay or Salary
		From To	Start Final
	Your Last Job Title		
Address:*			
Phone:			
Were you subject to the Federal Motor Carrier Safety Requirements?*			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the job designated as a "safety sensitive function" subject to alcohol and drug testing?*			<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:*			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Employer:*	Name of Last Supervisor	Employment Dates*	Pay or Salary
		From To	Start Final
	Your Last Job Title		
Address:*			
Phone:			
Were you subject to the Federal Motor Carrier Safety Requirements?*			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the job designated as a "safety sensitive function" subject to alcohol and drug testing?*			<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:*			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

* This information is required by the Federal Motor Carrier Safety Administration, U.S. Department of Transportation, 49 CFR 391.21.

Please attach an extra page if additional space is needed for any part of this application.

Employer:*	Name of Last Supervisor	Employment Dates*	Pay or Salary
Address:*		From To	Start Final
Phone:	Your Last Job Title		
Were you subject to the Federal Motor Carrier Safety Requirements?*			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the job designated as a "safety sensitive function" subject to alcohol and drug testing?*			<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:*			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Employer:*	Name of Last Supervisor	Employment Dates*	Pay or Salary
Address:*		From To	Start Final
Phone:	Your Last Job Title		
Were you subject to the Federal Motor Carrier Safety Requirements?*			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the job designated as a "safety sensitive function" subject to alcohol and drug testing?*			<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:*			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

* This information is required by the Federal Motor Carrier Safety Administration, U.S. Department of Transportation, 49 CFR 391.21.

Please attach an extra page if additional space is needed for any part of this application.

Employer:*	Name of Last Supervisor	Employment Dates*	Pay or Salary
Address:*		From To	Start Final
Phone:	Your Last Job Title		
Were you subject to the Federal Motor Carrier Safety Requirements?*			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the job designated as a "safety sensitive function" subject to alcohol and drug testing?*			<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:*			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Employer:*	Name of Last Supervisor	Employment Dates*	Pay or Salary
Address:*		From To	Start Final
Phone:	Your Last Job Title		
Were you subject to the Federal Motor Carrier Safety Requirements?*			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the job designated as a "safety sensitive function" subject to alcohol and drug testing?*			<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:*			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

* This information is required by the Federal Motor Carrier Safety Administration, U.S. Department of Transportation, 49 CFR 391.21.

Please attach an extra page if additional space is needed for any part of this application.

Employer:*	Name of Last Supervisor	Employment Dates*	Pay or Salary
Address:*		From To	Start Final
Phone:	Your Last Job Title		
Were you subject to the Federal Motor Carrier Safety Requirements?*			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the job designated as a "safety sensitive function" subject to alcohol and drug testing?*			<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:*			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Employer:*	Name of Last Supervisor	Employment Dates*	Pay or Salary
Address:*		From To	Start Final
Phone:	Your Last Job Title		
Were you subject to the Federal Motor Carrier Safety Requirements?*			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the job designated as a "safety sensitive function" subject to alcohol and drug testing?*			<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:*			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

* This information is required by the Federal Motor Carrier Safety Administration, U.S. Department of Transportation, 49 CFR 391.21.

Please attach an extra page if additional space is needed for any part of this application.

Driving Record

Do you hold a current commercial motor vehicle (CMV) operator's license?* No Yes

Please list all state(s) that have issued you a driver's license within the past 10 years including the date each license was issued and expired:

CURRENT: License No.: _____ Expiration Date: _____ Issuing State: _____

PREVIOUS: License No.: _____ Expiration Date: _____ Issuing State: _____

License No.: _____ Expiration Date: _____ Issuing State: _____

Please describe **all motor vehicle accidents** in which you were involved (**regardless of fault**) in the past **five years** (FMCSA requires three years). Specify the date, location, nature, etc., of each accident, and any fatalities or personal injuries it caused.* Use additional paper if needed.

Date Description of accident, including fatalities or personal injuries

Please list **all violations of motor vehicle laws or ordinances** (other than violations involving only parking), for which you were convicted or forfeited bond or collateral during the past **five years** (FMCSA requires three years):*

Date of conviction or forfeiture Description of violation

* This information is required by the Federal Motor Carrier Safety Administration, U.S. Department of Transportation, 49 CFR 391.21.

Please attach an extra page if additional space is needed for any part of this application.

Driving Record (Cont.)

Have you ever had a denial, revocation or suspension of any license, permit or privilege to operate a motor vehicle in any state?*

- No, I have never had a denial, revocation or suspension of any license, permit or privilege to operate a motor vehicle.
- Yes, I have had a denial, revocation or suspension of a license, permit or privilege to operate a motor vehicle. Provide the facts and circumstances in detail, including the state that took the action, date, reason, date of reinstatement, etc. (use additional paper if needed):

* This information is required by the Federal Motor Carrier Safety Administration, U.S. Department of Transportation, 49 CFR 391.21.

DOT-Covered Drug and Alcohol Tests**

In the past three years, have you: (if you answer "yes" to any of these questions, list the date and employer)

• Tested positive or refused to test on any DOT-covered pre-employment drug test?

No Yes _____

• Had a DOT-covered breath alcohol test with a positive result of 0.04 or higher?

No Yes _____

• Had a DOT-covered verified positive drug test?

No Yes _____

• Refused to take a DOT-covered test for drugs or alcohol, or had a verified adulterated or substituted test result?

No Yes _____

• Otherwise violated any DOT drug or alcohol regulation?

No Yes _____

If you answered "yes" to any of the above questions, did you successfully complete all DOT return to duty requirements, including completion of a rehabilitation program prescribed by a substance abuse professional, follow-up testing and a return-to-duty test?

No (explain below) Yes (attach documentation)

** We are required to verify this information under 49 CFR 40.25 and also under 49 CFR 391.23(e) as amended by 69 Fed Reg 16720 (Mar. 30, 2004).

Please attach an extra page if additional space is needed for any part of this application.

References

Please list three references who can provide us with information about your qualifications to perform the job for which you are applying. Please list business or job-related references. Do not list relatives unless directly employed by that relative.

Name	Address	Telephone Number	Occupation

May we contact your present employer? Yes No, because (Please state reason.)

Certification

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge* and belief. I understand that the information concerning my prior employers may be used and my prior employers may be contacted for the purpose of investigating my background, including my safety performance history (accidents and DOT drug/alcohol compliance) as required by 49 CFR 391.23.* I understand the company will provide additional information to me regarding my right to review and rebut the safety performance history provided by prior employers for whom I performed DOT-covered work within the previous three years.

I understand that providing false, inaccurate, incomplete, misleading information, omission of relevant information, etc., may result in rejection of my application, refusal of employment, or termination of employment if discovered after date of hire. I acknowledge that the company will attempt to investigate and verify the accuracy and completeness of the information I have provided. I authorize each employer, school, person, etc., provided or identified in the hiring process (or its representatives or agents) to provide information regarding my employment, education, character, qualifications, etc. I also release all entities and individuals who provide information in accordance with this release from all liability for any damages that may result from furnishing information to the company. I understand that if I am employed I must conform to any current or future company and government agency rules, regulations, procedures, policies, etc., and that my employment is "at will" (the company or I may terminate my employment at any time for any reason) except to the extent modified by a collective bargaining agreement that requires termination for just cause.

By signing this certification, I agree to provide Lemmons Trucking, Inc., with a copy of my driving record issued by each state agency that has issued me a driver's license **for the past 5 years. The driving record must be no more than 30 days old and the record(s) must include the past 5 years.** When requested, I agree to provide proof that I have a current medical examiner's certificate required by the FMCSR. Upon a conditional offer of employment, all finalist applicants must agree to submit to a DOT medical examination, required drug screening, etc., as required by DOT and Lemmons Trucking Inc.

I also understand that a number of people may submit an application. I acknowledge the company does not guarantee anyone an interview or consideration beyond the application form. If employed, I agree to comply with the company's and government agency's rules, regulations, laws, policies, etc., wearing required personal protective equipment, grooming and clothing standards, applicable to my position for the duration of my employment.

I agree that any offer of employment is contingent on passing a pre-employment drug screen, physical exam, audiogram, road test, etc., as required by the FMCSA and Lemmons Trucking. A positive drug screen or a refusal to submit to required drug testing will be considered a positive test and will disqualify me from further consideration for employment and possibly require reporting to the appropriate government agency. Reporting to the appropriate government agency could result in that report being attached to my driver's license.

Applicant's Signature*

Date*

- This information is required by the Federal Motor Carrier Safety Administration, U.S. Department of Transportation, 49 CFR 391.21.

Please attach an extra page if additional space is needed for any part of this application.

LTI Driver's Reference Check Authorization and Release

Part One (DOT-Required Information)

I am applying for employment with Lemmons Trucking, Inc. (LTI) for a commercial driving position regulated by the Federal Motor Carrier Safety Administration, an agency within the U.S. Department of Transportation (DOT). I understand that DOT requires prospective employers to verify the information listed below and that the investigation may include personal interviews, telephone interviews, letters, or any other method of obtaining information that LTI deems appropriate. I authorize LTI to obtain this information and I authorize the release of the information to the appropriate personnel at LTI.

- My driving record during the past three years, as reflected in the records of the appropriate state agencies for the states in which I held a motor vehicle operator's license or permit during those three years.
- Confirmation of my identity and verification of my employment from all employers who employed me to operate a commercial motor vehicle (CMV) during the past three years prior to the date of my application.
- My complete accident history from all employers who employed me to operate a commercial motor vehicle (CMV) during the past three years prior to the date of my application, including the date(s) and location(s) of all accidents, the number of injuries or fatalities that resulted, and whether hazardous materials were released. This accident history may include both DOT-covered accidents as well as more minor accidents.
- My drug and alcohol testing records for DOT-required drug and alcohol tests during the past three years:
 - ✓ DOT-required breath alcohol tests showing a concentration of 0.04 or greater;
 - ✓ DOT-required drug tests showing a verified positive result;
 - ✓ Refusals to be tested for a DOT-required test (including verified adulterated or substituted test results);
 - ✓ Other violations of DOT agency drug and alcohol testing regulations; or
 - ✓ If I violated a DOT drug and alcohol regulation, documentation of my successful or unsuccessful completion of DOT return-to-duty requirements (including substance abuse professional reports and status of required follow-up tests and return-to-duty tests, etc.).

I understand that I have the right to review any information provided by previous employers in response to the inquiries above at any time during the application process or within 30 days of an offer or denial of employment with LTI. I understand that I must make my request in writing and submit it to the Personnel / Safety Director for LTI. I also have the right to send a written request asking former employers to correct errors in the information about me. I understand that if I make such a request to a former employer, then within 15 days of receiving my request the former employer must either send the corrected information to LTI or else respond to me with a refusal to correct the information. If the former employer refuses to correct the information, I have the right to send the former employer a written rebuttal with an instruction to include the rebuttal in my safety performance history. The former employer will then forward a copy of the rebuttal to LTI within five business days of receiving my rebuttal.

Please attach an extra page if additional space is needed for any part of this application.

To the extent allowed under state and federal law, I release LTI and the persons or entities that provide the information described above regarding my driving record or employment record from any liability for disclosing or using that information. I understand that under federal law, I cannot be required to waive liability regarding any aspect of the DOT-required drug and alcohol testing process. I understand this Authorization and Release and have been provided an unsigned copy attached to this application packet for my records.

Applicant's Signature

Date

Part Two (Company-Required Information)

I am applying for employment with Lemmons Trucking, Inc. (LTI) for a commercial driving position. I understand that LTI will investigate my background and verify the information provided them during the hiring process. I authorize LTI to obtain the information described below and I authorize the release of the information to the appropriate personnel at LTI:

- My complete driving record, including accidents, arrests, citations, fines, convictions, license suspensions, license revocations, etc. related to all types of driving, including not only DOT-covered employment but also other driving, both work-related and personal.
- My complete employment record, including but not limited to jobs held, dates of employment, experience operating motor vehicles, quality and quantity of work performance, safety record, attendance, conduct, reasons for leaving, etc.
- My complete educational history and my academic record, including but not limited to my education, training, and certification related to operating motor vehicles.
- My complete drug and alcohol record related to non-DOT-required tests.

To the extent allowed under state and federal law, I release LTI and the persons or entities that provide the information described above from any liability for disclosing or using that information. I understand that under federal law, I cannot be required to waive liability regarding any aspect of the DOT-required drug and alcohol testing process. I understand this Authorization and Release and have been provided an unsigned copy attached to this application packet for my records.

Applicant's Signature

Date

Please attach an extra page if additional space is needed for any part of this application.