

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!!!**

NAME OF LEMMONS TRUCKING
DRIVER/MECHANIC
WHO REFERRED YOU OR GAVE YOU AN
APPLICATION

Print Name of LTI Driver/Mechanic Date

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 will 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.

You must read, sign, and date this cover letter; the application; the Certification on Page 6; 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 signed Certification 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, foreign and domestic log buyers, 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.

MECHANIC EMPLOYMENT APPLICATION **W/O CDL LICENSE**

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* _____
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?

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/maintenance of motor vehicles, including the equipment type (such as buses, trucks, truck tractors, trailers, etc.). * 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 _____	_____

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

Work Experience List all employers during the past ten years, beginning with your most recent job held.. If you were self-employed, give company name, dates, etc.

Employer: *	Name of Last Supervisor	Employment Dates*	
Address:*		From To	Start Final
Phone:	Your Last Job Title		
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*	
Address:*		From To	Start Final
Phone:	Your Last Job Title		
Reason for Leaving:			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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

Employer:*	Name of Last Supervisor	Employment Dates*	
Address:*		From To	Start Final
Phone:	Your Last Job Title		
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*	
Address:*		From To	Start Final
Phone:	Your Last Job Title		
Reason for Leaving:			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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.

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, job performance, 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, **and upon request**, 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.** I also understand that I must obtain my Class "A" CDL license within six (6) months of hire and agree to do so if hired. Upon a conditional offer of employment, all finalist applicants must agree to submit to required drug screening, etc., as required by 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, policies, wearing required personal protective equipment, grooming and clothing standards, laws and regulations, etc., 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 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.

Applicant's Signature*

Date*

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