



# DRIVER APPLICATION FOR EMPLOYMENT

[ PLEASE USE OTHER APPLICATION FORM FOR NON-DRIVER POSITIONS ]

## Smith Phillips Building Supply

603 E. 17<sup>th</sup> Street, Winston-Salem, NC 27105 • 336.722.8167

1100 W. Front Street, Statesville, NC 28677 • 704.872.9866

### PERSONAL INFORMATION

NAME:

ADDRESS:

PHONE:

EMAIL:

DATE OF BIRTH:

SOCIAL SECURITY #:

ARE YOU AT LEAST 18 YEARS OF AGE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU APPLYING FOR: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME/SEASONAL
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE US?	<input type="checkbox"/> YES <input type="checkbox"/> NO	FOR WHAT POSITION ARE YOU APPLYING?
ARE YOU CURRENTLY EMPLOYED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	HOW DID YOU HEAR OF THIS OPENING?
MAY WE CONTACT YOUR CURRENT EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	ON WHAT DATE ARE YOU AVAILABLE TO BEGIN WORK?
DO YOU HAVE A VALID DRIVER'S LICENSE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT IS YOUR DESIRED WAGE/SALARY?

### QUALIFICATIONS

PLEASE INDICATE AREAS IN WHICH YOU HAVE EXPERIENCE:

<input type="checkbox"/>	LUMBERYARD	<input type="checkbox"/>	ACCOUNTING
<input type="checkbox"/>	WAREHOUSE	<input type="checkbox"/>	CREDIT/COLLECTIONS
<input type="checkbox"/>	FORKLIFT	<input type="checkbox"/>	PURCHASING
<input type="checkbox"/>	TRUCK DRIVING	<input type="checkbox"/>	BUILDING MATERIALS: INSIDE SALES
<input type="checkbox"/>	MILLWORK	<input type="checkbox"/>	BUILDING MATERIALS: OUTSIDE SALES
<input type="checkbox"/>	CNC	<input type="checkbox"/>	BUILDING MATERIALS: MANAGEMENT
<input type="checkbox"/>	SECRETARIAL/CLERICAL	<input type="checkbox"/>	

DO YOU HAVE OTHER SKILLS OR EXPERIENCE THAT MAY BE HELPFUL IN CONSIDERING YOUR APPLICATION?


**PREVIOUS THREE YEARS' RESIDENCY**

	# OF YEARS AT ADDRESS	ADDRESS
CURRENT		
MAILING		
PREVIOUS		
PREVIOUS		
PREVIOUS		

**LICENSE INFORMATION**

INCLUDE ALL LICENSES HELD FOR THE PAST THREE YEARS; ATTACH ADDITIONAL SHEETS IF NECESSARY.

NO PERSON WHO OPERATES A COMMERCIAL MOTOR VEHICLE SHALL AT ANY TIME HAVE MORE THAN ONE DRIVER'S LICENSE (49 CFR 383.21). I CERTIFY THAT I DO NOT HAVE MORE THAN ONE MOTOR VEHICLE LICENSE, WHICH IS LISTED BELOW.

	STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
CURRENT					
PREVIOUS					
PREVIOUS					

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

**ACCIDENT RECORD FOR THE PAST THREE YEARS**

ATTACH ADDITIONAL SHEETS IF NECESSARY.

CHECK THIS BOX IF NONE:

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS? (YES/NO)

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

ATTACH ADDITIONAL SHEETS IF NECESSARY.

CHECK THIS BOX IF NONE:

DATE CONVICTED	STATE OF VIOLATION	VIOLATION	PENALTY (FORFEITED BOND, COLLATERAL AND/OR POINTS)

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATOR A MOTOR VEHICLE?

IF YES, PLEASE EXPLAIN:

Yes /  No

HAS ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?

IF YES, PLEASE EXPLAIN:

Yes /  No

## EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	# OF YEARS COMPLETED	MAJOR/DEGREE	DID YOU GRADUATE?
HIGH SCHOOL OR EQUIVALENT GED <input type="checkbox"/>				
TRADE SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
OTHER				

## EMPLOYMENT HISTORY

**THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (49 CFR 391.21) REQUIRE THAT ALL APPLICANTS WISHING TO DRIVE A COMMERCIAL VEHICLE LIST ALL EMPLOYMENT FOR THE LAST THREE (3) YEARS.**

**IN ADDITION, IF YOU HAVE DRIVEN A COMMERCIAL VEHICLE PREVIOUSLY, YOU MUST PROVIDE EMPLOYMENT HISTORY FOR AN ADDITIONAL SEVEN (7) YEARS, FOR A TOTAL OF TEN (10) YEARS.**

**ANY GAPS IN EMPLOYMENT IN EXCESS OF ONE (1) MONTH MUST BE EXPLAINED.**

**YOU ARE REQUIRED TO LIST THE COMPLETE MAILING ADDRESS, INCLUDING STREET NUMBER, CITY, STATE, AND ZIP, AND ALL OTHER REQUESTED INFORMATION.**

ARE YOU A VETERAN?  Yes /  No    IF YES, WHAT BRANCH:

**PLEASE COMPLETE THIS SECTION BEGINNING WITH CURRENT OR MOST RECENT EMPLOYER:**

DATES EMPLOYED:		POSITION:	
COMPANY:		SUPERVISOR:	
COMPANY PHONE:		SALARY/WAGES:	
COMPANY ADDRESS:			
WHILE EMPLOYED HERE, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?			<input type="checkbox"/> Yes / <input type="checkbox"/> No
WAS THE JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DEPARTMENT OF TRANSPORTATION-REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR, PART 40?			<input type="checkbox"/> Yes / <input type="checkbox"/> No
REASON FOR LEAVING:			

EXPLAIN ANY GAP IN EMPLOYMENT (INCLUDE MONTH/YEAR & REASON):

DATES EMPLOYED:		POSITION:	
COMPANY:		SUPERVISOR:	
COMPANY PHONE:		SALARY/WAGES:	
COMPANY ADDRESS:			
WHILE EMPLOYED HERE, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?			<input type="checkbox"/> Yes / <input type="checkbox"/> No
WAS THE JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DEPARTMENT OF TRANSPORTATION-REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR, PART 40?			<input type="checkbox"/> Yes / <input type="checkbox"/> No
REASON FOR LEAVING:			

EXPLAIN ANY GAP IN EMPLOYMENT (INCLUDE MONTH/YEAR & REASON):

DATES EMPLOYED:		POSITION:	
COMPANY:		SUPERVISOR:	
COMPANY PHONE:		SALARY/WAGES:	
COMPANY ADDRESS:			
WHILE EMPLOYED HERE, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?			<input type="checkbox"/> Yes / <input type="checkbox"/> No
WAS THE JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DEPARTMENT OF TRANSPORTATION-REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR, PART 40?			<input type="checkbox"/> Yes / <input type="checkbox"/> No
REASON FOR LEAVING:			

EXPLAIN ANY GAP IN EMPLOYMENT (INCLUDE MONTH/YEAR & REASON):

DATES EMPLOYED:		POSITION:	
COMPANY:		SUPERVISOR:	
COMPANY PHONE:		SALARY/WAGES:	
COMPANY ADDRESS:			
WHILE EMPLOYED HERE, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?			<input type="checkbox"/> YES / <input type="checkbox"/> NO
WAS THE JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DEPARTMENT OF TRANSPORTATION-REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR, PART 40?			<input type="checkbox"/> YES / <input type="checkbox"/> NO
REASON FOR LEAVING:			

EXPLAIN ANY GAP IN EMPLOYMENT (INCLUDE MONTH/YEAR & REASON):

DATES EMPLOYED:		POSITION:	
COMPANY:		SUPERVISOR:	
COMPANY PHONE:		SALARY/WAGES:	
COMPANY ADDRESS:			
WHILE EMPLOYED HERE, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?			<input type="checkbox"/> YES / <input type="checkbox"/> NO
WAS THE JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DEPARTMENT OF TRANSPORTATION-REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR, PART 40?			<input type="checkbox"/> YES / <input type="checkbox"/> NO
REASON FOR LEAVING:			

EXPLAIN ANY GAP IN EMPLOYMENT (INCLUDE MONTH/YEAR & REASON):

**PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY.**

<b>PLEASE FEEL FREE TO ADD ANY ADDITIONAL INFORMATION THAT YOU FEEL WILL HELP US EVALUATE YOUR APPLICATION:</b>

## NOTICES

SMITH PHILLIPS STRIVES TO MAINTAIN A DRUG-FREE WORKPLACE FOR THE SAFETY OF OUR EMPLOYEES AND CUSTOMERS. **A DRUG SCREEN IS REQUIRED PRIOR TO EMPLOYMENT.**

**SMITH PHILLIPS WILL REQUIRE A CRIMINAL BACKGROUND REPORT PRIOR TO EMPLOYMENT. CRIMINAL CONVICTIONS WILL NOT NECESSARILY BAR YOU FROM CONSIDERATION, DEPENDING UPON THE NATURE AND SERIOUSNESS OF ANY OFFENSE AND THE LENGTH OF TIME SINCE THE CONVICTION.**

**SMITH PHILLIPS WILL REQUIRE AN MVR REPORT PRIOR TO EMPLOYMENT AS A COMMERCIAL DRIVER OR FOR ANY OTHER POSITION WHICH MAY REQUIRE DRIVING A COMPANY VEHICLE. ALL FURTHER INFORMATION REQUIRED BY THE US DEPARTMENT OF TRANSPORTATION FOR A COMMERCIAL DRIVER WILL BE COMPLETED UPON OFFER OF EMPLOYMENT.**

SMITH PHILLIPS IS AN **EQUAL OPPORTUNITY EMPLOYER**. QUALIFIED APPLICANTS ARE CONSIDERED FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGINAL, AGE, DISABILITY, MARITAL STATUS, VETERAN STATUS, SEXUAL ORIENTATION, OR ANY OTHER LEGALLY PROTECTED STATUS. WE ARE COMMITTED TO BUILDING A TEAM THAT REPRESENTS A VARIETY OF BACKGROUNDS, PERSPECTIVES, AND SKILLS.

## APPLICANT'S STATEMENT AND SIGNATURE

**I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IF I AM ACCEPTED FOR EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION ON MY APPLICATION OR INTERVIEW MAY RESULT IN MY EMPLOYMENT BEING TERMINATED.**

**I HEREBY AUTHORIZE SMITH PHILLIPS BUILDING SUPPLY AND/OR ITS AGENTS TO CONTACT ANY PREVIOUS EMPLOYER OR SCHOOL TO VERIFY THE INFORMATION I HAVE GIVEN ON MY EMPLOYMENT APPLICATION AND/OR DURING ANY EMPLOYMENT INTERVIEW REGARDING MY EDUCATION, QUALIFICATIONS, WORK EXPERIENCE, AND REASONS FOR TERMINATION OF PAST EMPLOYMENT.**

**I ALSO AUTHORIZE ANY PREVIOUS EMPLOYER OR SCHOOL TO PROVIDE SMITH PHILLIPS BUILDING SUPPLY AND/OR ITS AGENTS WITH SUCH INFORMATION IN CONNECTION WITH THIS APPLICATION FOR EMPLOYMENT. FURTHER, I HEREBY RELEASE FROM LIABILITY AND HOLD HARMLESS ALL PERSONS AND CORPORATIONS SUPPLYING THIS INFORMATION TO SMITH PHILLIPS BUILDING SUPPLY AND/OR ITS AGENT.**

**I UNDERSTAND THAT THE INFORMATION I PROVIDE IS FOR THE PURPOSE OF INVESTIGATING MY SAFETY PERFORMANCE HISTORY AS REQUIRED BY 49 CFR 391.23. I UNDERSTAND I HAVE THE RIGHT TO REVIEW PROVIDED INFORMATION, HAVE ERRORS CORRECTED, AND PROVIDE A REBUTTAL STATEMENT IF NECESSARY.**

**I UNDERSTAND THAT SMITH PHILLIPS BUILDING SUPPLY IS AN "AT WILL" EMPLOYER, AND THAT EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE, BY EITHER THE COMPANY OR THE EMPLOYEE.**

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APPLICANT'S SIGNATURE

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DATE

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NAME (PRINTED)