



THE J.F. JOHNSON LUMBER COMPANY LLC

A Drug Free Workplace APPLICATION FOR EMPLOYMENT (please print)

Mailing Address:
P.O. Box 248
Millersville, MD 21108

Consistent with the provisions of the American with Disabilities Act (ADA), applicants may request accommodations needed to participate in the application process.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability. Questions on this application are not intended to secure information to be used for unlawful purposes.

PERSONAL INFORMATION (Do not supply any personal information other than that specifically requested on this application)

Last Name		First	Middle	Date
Street Address				Home Telephone ()
City, State, Zip				Business Telephone ()
Have you applied for employment with us in the past 3 years? Yes No If yes, Month and Year _____ Location _____				Cell Telephone ()
Position Desired		How did you hear about the position?		Pay Expected
Apart from absence for religious observance, are you available for full-time work? Yes No If not, what hours can you work? _____				Will you work overtime if asked? Yes No
Are you 18 years of age or older?		Yes	No	When will you be available to begin work? _____
Do you have reliable transportation?		Yes	No	

EDUCATIONAL BACKGROUND	NAME AND LOCATION OF SCHOOL	CIRCLE HIGHEST GRADE COMPLETED	MAJOR AREA OF STUDY
High School		9 10 11 12 / GED	
College		1 2 3 4	
Trade, Business or Graduate School			

MILITARY	Have you served in the U.S. Armed Forces?	If "yes," in what Branch?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe any training you received while in the military relevant to the position for which you are applying.

Under the Uniformed Service Employment and Reemployment Rights Act, "USERRA", Armed Forces, Reserves, National Guard or other uniformed services members are protected from employment discrimination with regard to past, present, or future military service.

Following a conditional offer of employment from Johnson Lumber and before your first day of work you will be asked to:

- Provide proper documentation of your legal right to work in the U.S. for completion of Form I-9.
- Submit to a drug screen for illegal substance abuse, and;
- Johnson Lumber will search the Maryland Judiciary Case Search web site for felony convictions.

(If any felony convictions are found and are related to the functions or qualifications of the position applied for, the applicant will be asked to describe fully the felony conviction(s) and rehabilitation since the conviction(s). No adverse action will be taken based on any arrest or criminal accusation that did not result in a conviction or is not pending at this time. If you believe information provided to us via the Maryland Judiciary Case Search is inaccurate, please send written notice to the court where the original record was created or filed. For courthouse locations and contact information, see:

<http://mdcourts.gov/courtsdirectory/index.html>

ONLY CDL APPLICANTS SHOULD COMPLETE

**BEGINNING WITH YOUR MOST RECENT POSITION, LIST BELOW PRESENT AND PAST EMPLOYMENT
ALL APPLICANTS MUST COMPLETE THIS SECTION EVEN IF ATTACHING A RESUME**

FORMER EMPLOYER SUBJECT TO FMCSR* YES <input type="checkbox"/> NO <input type="checkbox"/>	Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Starting Position	Ending Position
		Mo.	Yr.	Mo.	Yr.				
		Describe the work you did:					Reason for Leaving	Name of Supervisor	
Telephone									
DOT DRUG & ALCOHOL TESTING YES <input type="checkbox"/> NO <input type="checkbox"/>									

FORMER EMPLOYER SUBJECT TO FMCSR* YES <input type="checkbox"/> NO <input type="checkbox"/>	Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Starting Position	Ending Position
		Mo.	Yr.	Mo.	Yr.				
		Describe the work you did:					Reason for Leaving	Name of Supervisor	
Telephone									
DOT DRUG & ALCOHOL TESTING YES <input type="checkbox"/> NO <input type="checkbox"/>									

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		Describe the work you did:					Reason for Leaving	Name of Supervisor	
Telephone									
DOT DRUG & ALCOHOL TESTING YES <input type="checkbox"/> NO <input type="checkbox"/>									

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		Mo.	Yr.	Mo.	Yr.				
		Describe the work you did:					Reason for Leaving	Name of Supervisor	
Telephone									
DOT DRUG & ALCOHOL TESTING YES <input type="checkbox"/> NO <input type="checkbox"/>									

***FMCSR: Federal Motor Carrier Safety Regulations**

**Applicants to drive commercial motor vehicles* shall also provide a total of 10 years of information on those employers for whom the applicant operated such vehicle. Vehicles having a GVWR of 26,001 lbs. or more, or designed to transport 15 or more passengers or any size vehicle used to transport hazardous materials in a quantity requiring placarding.
(Attach additional sheet if necessary)**

Please give an explanation for any gaps in employment: _____

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT (Not Applicable for Drivers)	
	Name of Employer _____	Reason _____
	Name of Employer _____	Reason _____

SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work for our company.

List any of your relatives currently working for Johnson Lumber Company LLC

List three references of persons who are not related or former employers:

Name	Name	Name
Address	Address	Address
Phone No.	Phone No.	Phone No.

Do Not Complete This Box IF You Are Applying For ADMINISTRATIVE OR CLERICAL POSITIONS

Are you experienced with the following equipment?	NO	YES	# of years/Equipment Types
Power and Table Saws	_____	_____	/ _____
Driving Forklifts	_____	_____	/ _____
Driving a Dump Bed Truck	_____	_____	/ _____
Driving Vehicles with GVW 26,001+ lbs. (A or B CDL)	_____	_____	/ _____
Tape Measure	_____	_____	
And, are you able to lift up to 100 lbs.?	_____	_____	

CDL DRIVER APPLICANTS ONLY COMPLETE GREY AREA

If residing at current address stated in PERSONAL INFORMATION section of this application **less than 3 years**, please provide address(es) for your residence(s) for a total of 3 years preceding the date of this application.

1. _____
 Street Address City, State, Zip

2. _____
 Street Address City, State, Zip

Drivers Licenses held in past 3 years must be shown	State	License No.	Class	Endorsement(s)	Expiration Date

- A. Date of Birth (required by DOT regulation (§391.21(b)(2)) _____/_____/_____
- B. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes___ No___
- C. Has any license, permit, or privilege been suspended or revoked? Yes___ No___
- D. Have you ever been disqualified for violations of the Federal Motor Carriers Safety Regulations? Yes___ No___
- If you answered "yes" to B, C, or D, attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Other				

List special courses or training that will help you as a driver _____

List driving awards held and who awards were presented by _____

Accident Review for past 3 years (Attach separate sheet of paper if more space is needed)

Dates	Nature of Accident (Head-On, Rear-End, Overturn, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			

Location	Date	Charge	Penalty

ALL APPLICANTS MUST READ AND SIGN -- APPLICATION NOT VALID UNLESS SIGNED

It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with Johnson Lumber Company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job for which I am being considered. I also understand that, if offered a job, it will be conditioned on the results of a drug test, my ability to provide proper documentation of my legal right to work in the U.S. and may be condition on the results of a physical exam.

Positions which include the essential function of driving company vehicles or personal vehicles to perform company business require a valid driver's license and an acceptable driving record. Johnson Lumber will, at least annually, request a copy of the Motor Vehicle Reports from the Motor Vehicle Administration for all employees driving on behalf of the company.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

I understand and agree that, if employed by this organization; I will abide by its rules and regulations which I understand are subject to change. I further understand that, if hired, my employment is for no definite period of time and may be terminated by either party at any time.

Additionally, I understand that according to Maryland Law this employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that I submit to or take a lie detector or similar test.

This application is current for 60 days. At the conclusion of the 60 days, if I have not heard from the employer and still wish to be considered for employment I will complete a new employment application.

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. I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

Applicant Signature _____ **Date** _____

Special Notice to all Driver Applicants - Prior to hiring drivers, or within 30 days of hire, Johnson Lumber is required to contact all of your former employers for the past 3 years, if the former employer was subject to FMCSA regulations and DOT Alcohol and Substance Abuse Testing. Our request will include asking your former employer for information on your safety performance history. The information we receive will only be used when making our hiring decision and will not become part of a personnel file, should the applicant be hired. You have the right to: **1)** Review information we receive from your previous employers **2)** Correct errors in the information with the previous employer and have corrected information resent to us **3)** Attach a rebuttal statement to alleged erroneous information, if the previous employer and you cannot agree on accuracy of the information. **CDL Driver Applicants Initial as read:** _____

APPLICANT DO NOT WRITE IN THIS SPACE ---FOR MANAGER'S USE ONLY

Application reviewed by: _____ on _____, Forwarded to: _____ on _____
Application reviewed by: _____ on _____, Forwarded to: _____ on _____

If Not Interviewed: Application Filed in 60 Day Current File for Reason marked below:
NO SUITABLE POSITIONS AVAILABLE AT THIS TIME ____; POSITION FOR WHICH APPLICANT APPLIED HAS BEEN FILLED ____;
CURRENTLY NOT QUALIFIED FOR ANY AVAILABLE POSITIONS ____; INCOMPLETE APPLICATION _____

Interview scheduled for (date) _____ at (time) _____ with _____ Position being considered for _____

*Check References? ____ Is Driving an Essential Function? ____ if yes, was copy of driver's license sent to PR Dept.? ____

* Waivers signed for each reference to be checked and addresses on application verified with applicant by interviewer? Send application & waivers to Admin. Coord. References and application will be returned to the interviewer when completed.

Payroll Dept. - Date insurance company was called, if applicable _____, Insurable? _____

Job offered to Applicant and accepted contingent on: Providing I-9 Docs ____ Completion of Felony Review ____ and Passing Drug Screen: Completed on _____ Results Rec'd on _____ *Start Date (may not be prior to receipt of drug screen results) _____

*Hiring manager contacts applicant to determine start date then gives name and start date to AA and request timecard, if hourly. Complete PR Status & Change Form (6.03.03). Once approved send to PR Dept.

If not hired: POSITION FOR WHICH APPLICANT APPLIED HAS BEEN FILLED ____; CURRENTLY NOT QUALIFIED (or less qualified than others interviewed) FOR POSITION ____; NO SHOW ____; JOB OFFER MADE, NOT ACCEPTED ____; OTHER _____

Comments: _____

Signature of Hiring Manager _____ Date _____

Forward Application and Related Paperwork to Administrative Coordinator