



DESIGNED | GROWN | INSTALLED | UNMATCHED

Driver Employment Application

Persons with a disability or handicap requiring accommodation for completing the application process should notify the receptionist as soon as possible. Please note that this application will remain active for three months, after which the applicant will need to reapply. If there are no current open positions, this form will be received for information only.

Please fill out every section of this application form carefully and completely. If you have a Commercial Driver's License, please provide a copy or ask the receptionist for assistance in copying your CDL.

Personal Data

Position applying for _____ Today's Date _____

Name _____ Social Security # _____
(SS# may be disclosed to a third party that will conduct a background check)

Address _____

Home phone _____ Work phone _____

Mobile phone _____ Email address _____

Referred by _____ Date available _____

Have you applied at Lanoha Nurseries before? If so, when and for what position?

Have you ever been convicted of any crime (including misdemeanor or felony), been imprisoned, or are you presently charged with a felony? If so, please state citation, date, and place where offense occurred.

Yes No _____

Date of Birth _____ (required for Commercial Drivers)

Can you provide proof that you are eligible to work in the U.S.? Yes No

TO BE READ AND SIGNED BY DRIVER APPLICANT

I understand that information I provide regarding current or previous employers may be used, and those employers 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 previous employers
- Have errors in information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer, and

I also understand that reports verifying my previous employment, previous drug and alcohol test results, and my driving record may be obtained in determining whether I will be employed by Lanoha Nurseries. These reports are required by Federal Motor Carrier Safety Regulations and this statement informs me that Lanoha Nurseries will obtain these records in accordance with the Fair Credit Reporting Act and Consumer Credit Reporting Act.

Applicant's Signature _____ Date _____

Employment Experience

Begin with your most recent employer. Provide a complete record of all employment and reasons for periods of unemployment. Ask for an additional sheet if necessary to show complete work history.

It is very important to provide a complete record in order to be considered for employment.

The Federal Motor Carrier Safety Administration requires all persons applying for employment as a commercial motor vehicle operator to provide the following employment history information for the 10 years preceding the date the application is submitted:

1. names and addresses of the applicant's previous employers for which the applicant was an operator of a commercial motor vehicle
2. the dates the applicant was employed by these employers
3. the reason for leaving such employment

Lanoha Nurseries requires additional information about previous employers in order to be considered for employment.

Employer _____ Position _____

Dates of employment _____ to _____ Hours per week _____

Address _____ Phone _____

Supervisor's name and title _____

Why did you leave or if you continue to work there, why are you interested in leaving? _____

_____ Ending salary _____

Was your job designated as a safety-sensitive function under the Department of Transportation rules and were you subject to drug and alcohol testing? (If your employment required a CDL, then you were subject to these regulations). Yes No

Were you subject to Federal Motor Carrier Safety Regulations while employed? (If your employment required a CDL, then you were subject to these regulations). Yes No

If you do not want us to contact this employer or if you have any other comments, please explain here

Employer _____ Position _____

Dates of employment _____ to _____ Hours per week _____

Address _____ Phone _____

Supervisor's name and title _____

Why did you leave? _____ Ending salary _____

Was your job designated as a safety-sensitive function under the Department of Transportation rules and were you subject to drug and alcohol testing? (If your employment required a CDL, then you were subject to these regulations). Yes No

Were you subject to Federal Motor Carrier Safety Regulations while employed? (If your employment required a CDL, then you were subject to these regulations). Yes No

If you do not want us to contact this employer or if you have any other comments, please explain here

Employer _____ Position _____

Dates of employment _____ to _____ Hours per week _____

Address _____ Phone _____

Supervisor's name and title _____

Why did you leave? _____ Ending salary _____

Was your job designated as a safety-sensitive function under the Department of Transportation rules and were you subject to drug and alcohol testing? (If your employment required a CDL, then you were subject to these regulations). Yes No

Were you subject to Federal Motor Carrier Safety Regulations while employed? (If your employment required a CDL, then you were subject to these regulations). Yes No

If you do not want us to contact this employer or if you have any other comments, please explain here

Employer _____ Position _____

Dates of employment _____ to _____ Hours per week _____

Address _____ Phone _____

Supervisor's name and title _____

Why did you leave? _____ Ending salary _____

Was your job designated as a safety-sensitive function under the Department of Transportation rules and were you subject to drug and alcohol testing? (If your employment required a CDL, then you were subject to these regulations). Yes No

Were you subject to Federal Motor Carrier Safety Regulations while employed? (If your employment required a CDL, then you were subject to these regulations). Yes No

If you do not want us to contact this employer or if you have any other comments, please explain here

Employer _____ Position _____

Dates of employment _____ to _____ Hours per week _____

Address _____ Phone _____

Supervisor's name and title _____

Why did you leave? _____ Ending salary _____

Was your job designated as a safety-sensitive function under the Department of Transportation rules and were you subject to drug and alcohol testing? (If your employment required a CDL, then you were subject to these regulations). Yes No

Were you subject to Federal Motor Carrier Safety Regulations while employed? (If your employment required a CDL, then you were subject to these regulations). Yes No

If you do not want us to contact this employer or if you have any other comments, please explain here

Driver Licenses *Show at least the previous three years*

State	License #	Type	Expiration date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

Has a license, permit or privilege ever been suspended or revoked? Yes No

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No

Please explain _____

Driving Experience

Class of Equipment	Type of Equipment (van, tank, etc.)	Dates (M/Y)	Approx. total miles
Straight truck	_____	_____	_____
Tractor& semi-trailer	_____	_____	_____
Motor coach/Bus	_____	_____	_____
Other	_____	_____	_____

List states operated in for last 5 years _____

Accident Record *If none, write "none". Attach additional sheet if needed.*

Date	Nature of Accident (head on, rear-end, etc.)	Fatalities	Injuries	Spills
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Traffic Convictions and Forfeitures *If none, write "none". Attach additional sheet if needed.*

Date	Location	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education Record

Have you graduated from high school or completed the GED equivalent? Yes No

Name and location of high school _____

Other education (college or university, graduate school, trade or technical school)

Name and location	# of years	Graduate?	Major/Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Military Service

Branch of Service _____ Dates of service _____

Rank _____ Reserve Status _____

Duties/Special Training _____

References

This section must be completely filled out in order to be considered for employment .

List three people not related to you who are well acquainted with your work ability and character.

Name _____ Address _____

Phone _____ Work phone _____

Relationship to you _____

Name _____ Address _____

Phone _____ Work phone _____

Relationship to you _____

Name _____ Address _____

Phone _____ Work phone _____

Relationship to you _____

Emergency Contact _____ Phone _____

Important Information

Please read the following statements carefully before signing to indicate your understanding.

I certify that all of the information furnished on this application is true, complete, and correct. I understand and agree that any falsification, misrepresentation or omission of fact either on this application or during the pre-hire process may result in my not being offered employment or being dismissed at any time from the service of Lanoha Nurseries if employed.

I understand that Lanoha Nurseries is an at-will employer and, if hired, either Lanoha Nurseries or I may terminate the employment relationship at any time with or without notice and with or without cause. This provision supersedes any oral or written representations to the contrary, unless the written statement is signed by the President of Lanoha Nurseries

I authorize and request my former employers, references, educational institutions, and any credit agencies or reporting services that have information about me to give Lanoha Nurseries any information and opinions about me in their possession and which may lawfully be disclosed. I hereby waive written notice of such releases of information and opinions, and I release such former employers, references, educational institutions, and any credit agencies or reporting services from any liability or claim relating to such release of information and opinions. I also authorize and request federal, state, and local governmental agencies to release to Lanoha Nurseries any information requested concerning any criminal convictions of my record. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. A photocopy of this signed authorization and waiver will be valid as an original.

I understand that all Lanoha Nurseries associates are required to take a drug screen test prior to employment. If offered employment by Lanoha Nurseries, a pre-employment physical will be required prior to my employment. In the event that I have a disability that will affect my ability to take the physical, Lanoha Nurseries must be informed prior to the physical so that a reasonable accommodation can be made. I understand that Lanoha Nurseries reserves the right to require medical documentation regarding the need for accommodation.

Applicant's signature _____	Date _____
Print name _____	Social Security # _____

Do you have activities, commitments or responsibilities (such as school or other employment) that might interfere with your ability to work full-time, including overtime, in the position for which you are applying? If so, explain.

Please provide any additional information such as special skills, training, driving or other awards, management experience, equipment operation, or qualifications that you feel will be helpful to us in considering your application.
