

DRIVER APPLICATION:

Applicant Name:						Social Secu	urity #:	
Current Address:						Phone #:		
City:		Sta	ate:	Zip:		Date of Birt	h:	
		<u> </u>	Reside	nce Past 3	3 Years			
Address:		<u> </u>						
City:		St.		Ziį	p	How Lo	ng?	
Address:								
City:		St.		Ziį	<u> </u>	How Lo	ng?	
Address:				7:		U-m La		
City:		St.		Zij)	How Lo	ng?	
					alifications			
Ар	plicant list	t the states and lic	cense nu	imbers of a	all licenses held	d for the pa	st 3 years	S
STATE	I	LICENSE #		EXPIRAT	ION DATE	CLAS	SS A, B	ENDORSEMENTS
~		, , , , , , , , , , , , , , , , , , ,			101, 2			
		If no driving exp		ring Experie	ence ree years, check h	nere		
E. Lawrent Olego	Туре	of Equipment	J	DATES		.0.5	Approx.	# of Miles
Equipment Class:		lat, Tank, etc	From:		o:			otal:
Straight Truck			<u> </u>					
Tractor Semi Trailer								
	-	-						
Tractor with Doubles								
Tractor with Doubles Tractor with Triples								
Tractor with Doubles Tractor with Triples Tractor with Tank								
Tractor with Triples								
Tractor with Triples Tractor with Tank		Accidents/C		- the Deet 2)	/core or More			
Tractor with Triples Tractor with Tank					Years or More s, check here			
Tractor with Triples Tractor with Tank	(Bac		nts within thi ident	he last 3 years	s, check here	lities		Injuries
Tractor with Triples Tractor with Tank Other (provide details)	(Bac	If no accider Nature of Acci	nts within thi ident	he last 3 years	s, check here	lities		Injuries
Tractor with Triples Tractor with Tank Other (provide details)	(Bac	If no accider Nature of Acci	nts within thi ident	he last 3 years	s, check here	lities		Injuries
Tractor with Triples Tractor with Tank Other (provide details)	(Bac	If no accider Nature of Acci	nts within thi ident	he last 3 years	s, check here	lities		Injuries
Tractor with Triples Tractor with Tank Other (provide details)	(Bac	If no accider Nature of Acci	nts within thi ident	he last 3 years	s, check here	lities		Injuries

Applicant Signature

	Moving Traffic Convictions and Forfeitures for the Past 3 Years, the If no traffic convictions and/or forfeitures in the last 3 years, theck he]
Date of Conviction	Offense	Location	Type of Motor Vehicle
Date of Conviolion	Charles	Location	Operated
	n denied a license, permit or privilege to operate a motor vehicle?		Yes No
•	ermit or privilege ever been revoked?		_ Yes
If yes, attach statemer	it giving details.		
	uires all Drivers who drive Commercial Motor Vehicles (CMV) which re olled substances tested with a negative result prior to driving.	quire a Comm	ercial Drivers License
Do you consent to			
	EMPLOYMENT RECORD		
_	All for past 3 years and Commercial Driving Experience for the past	st 10 years.	
Current Employer: Contact:			
Position Held:	From:	То	
Address	City	S	Γ:
Telephone #			
Reason for Leaving:			
Second Last Employ Contact:			
Position Held:	From:	То	
Address	City	S	Γ:
Telephone #			
Reason for Leaving:			
Third Last Employer Contact:			
Position Held:	From:	То	
Address	City	S	Γ:
Telephone #			
Reason for Leaving:			
This certifies that the to the best of my kn	is application was completed by me, and that all entries on it ar owledge.	nd information	n in it are true

Date

DRIVER APPLICATION ADDENDUM

Use This Sheet For Additional Driver History Information

	EMPLOYMENT RECORD		
Last Employer: Contact:	·		
Position Held:	From:	То	
Address	City		ST:
Telephone #			
Reason for Leaving:			
Last Employer: Contact:			
Position Held:	From:	То	
Address	City		ST:
Telephone #			
Reason for Leaving:			
Last Employer: Contact:			
Position Held:	From:	То	
Address	City		ST:
Telephone #			
Reason for Leaving:			
Last Employer: Contact:			
Position Held:	From:	То	
Address	City		ST:
Telephone #			
Reason for Leaving:			
Last Employer: Contact:			
Position Held:	From:	То	
Address	City		ST:
Telephone #			
Reason for Leaving:			
This certifies that this application was completed to the best of my knowledge.	d by me, and that all entries	on it and information	n in it are true
Applicant Signature	Date		



APPLICANT SELF ID FORM

It is USLBM Holding's policy and practice to recruit, employ, and promote qualified applicants without regard to their race, color, religion, sex, age, national origin, handlcap, disability, veteran's status, or any other protected category, and without regard to any other characteristics which are not related to work performance or which may not lawfully be taken into account under federal, state, or local fair employment laws and regulations.

US Civil Right laws and regulations subject employers to certain recordkeeping requirements. In an effort to comply with these requirements, US LBM and its subsidiary companies invite associates and applicants to complete this "Self Identifying" survey.

Submission of this information is voluntary and refusal to provide it will not subject you to adverse treatment. The information will be kept confidential and will be used only in accordance with the provisions of applicable laws. When reported, data will not identify any specific individual. Your cooperation is appreciated.

PLEA	SE PRINT		
Date:		_ Position App	olied For:
Name	:(voluntary)	Contact Ir	nfo (Ph/Email): (voluntary)
1. Che	eck one of the following:	☐ Female	☐ Male
2. Che	eck "ethnic" group with which you i	dentify:	
	☐ Hispanic or Latino defined as a Spanish culture or origin, regardle☐ Not Hispanic or Latino		, Mexican, Puerto Rican, South or Central American, or other
	plicants who do not identify themse defined choices below:	lves as "Hispani	ic or Latino" are to select an ethnicity/race category from
		, China, India, Jap	les of the Far East, Southeast Asia, or the Indian subcontinent pan, Korea, Malaysia, Pakistan, the Philippine Islands,
	☐ Black or African American A person having origins in the Bla	ack racial groups o	of Africa (neither Hispanic nor Latino)
	□ Native Hawaiian or Other Pacific A person having origins in any of Hispanic nor Latino)		oles of Hawaii, Guam, Samoa, or other Pacific Island (neither
		the original people	les of North America and South America (including Central nmunity attachment (neither Hispanic nor Latino)
	☐ White A person having origins in any of nor Latino)	the original people	les of Europe, North Africa or the Middle East (neither Hispanic
	☐ Two or more Races All persons who identify themselv (You may identify if you choose to:		

Effective May 2011

APPLICANT SELF IDENTIFICATION FORM

VETERAN STATUS

Please check Veteran's status if applicable

VET	S 100
	Vietnam veteran A veteran who was on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (a) in the Republic of Vietnam between February 28, 1961, and May 7, 1975 or (b) between August 5, 1964, and May 7, 1975, in all other cases.
	Special Disabled veteran A veteran who was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active duty was performed (a) in the Republic of Vietnam between February 28, 1961, and May 7, 1975 or (b) between August 5, 1964, and May 7, 1975, in any other location.
	Other Protected Veteran Veterans who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.
	Recently Separated Veteran (1 year) Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one year period beginning on the date of such veteran's discharge or release from active duty.
VETS	3 100A
VETS	Armed Forces Service Medal Veteran A Veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 Fed. Reg. 1209).
VETS	Armed Forces Service Medal Veteran A Veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive
VETS	 ☐ Armed Forces Service Medal Veteran A Veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 Fed. Reg. 1209). ☐ Disabled Veteran A Veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected.
VETS	Armed Forces Service Medal Veteran A Veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 Fed. Reg. 1209). Disabled Veteran A Veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability. Other Protected Veteran Veteran served in a war such as WWII or served in a campaign or expedition for which a campaign badge, service