

LOG TRUCK APPLICATION

NAME: _____
(FIRST) (MIDDLE) (LAST)

ADDRESS: _____
(STREET) (CITY) (STATE & ZIP)

DATE OF BIRTH: _____ PHONE #: _____

ADDRESS FOR THE PAST THREE YEARS

_____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP)

_____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP)

DRIVER EXPERIENCE AND QUALIFICATIONS

| | STATE | LICENSE NUMBER | TYPE | EXPIRATION DATE |
|-----------------|-------|----------------|------|-----------------|
| CDL LICENSE | | | | |
| DRIVERS LICENSE | | | | |

DRIVING EXPERIENCE

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT | DATE FROM | DATE TO | APPROX NO OF TOTAL MILES |
|------------------------|-------------------|-----------|---------|--------------------------|
| STRAIGHT TRUCK | | | | |
| TRACTOR & SEMI TRAILER | | | | |
| TRACTOR W/ 2 TRAILERS | | | | |
| OTHER | | | | |

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE

| DATES | NATURE OF ACCIDENT | FATALITIES | INJURIES |
|-------|--------------------|------------|----------|
| | | | |
| | | | |
| | | | |

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TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

| LOCATIONS | DATE | CHARGE | PENALTY |
|-----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES:_____ NO:_____

HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES:_____ NO:_____

PAST EMPLOYMENT HISTORY**LAST EMPLOYER NAME:**_____

ADDRESS:_____

PHONE NUMBER:_____

POSITION HELD:_____

DATE FROM:_____ TO _____

REASONS FOR LEAVING:_____

SECOND LAST EMPLOYER NAME:_____

ADDRESS:_____

PHONE NUMBER:_____

POSITION HELD:_____

DATE FROM:_____ TO _____

REASONS FOR LEAVING:_____

THIRD LAST EMPLOYER NAME:_____

ADDRESS:_____

PHONE NUMBER:_____

POSITION HELD:_____

DATE FROM:_____ TO _____

REASONS FOR LEAVING:_____

This certifies that this application was completed by me, and that all entries on it and information in it are complete to the best of my knowledge.

(Date)_____
(Applicant's Signature)

Equal Employment Opportunity (EEO)

Self-Identification Form (completion of this form is voluntary)

B & M Logging, Inc. is an equal employment opportunity/affirmative action employer. It does not discriminate on the basis of race, color, national origin, sex, religion, ancestry, age, sexual orientation, marital status, disability, veteran status, citizenship status, or any other protected characteristic. Certain laws and regulations regarding equal employment opportunity, and/or affirmative action require us to compile, maintain, and report certain information on employees. In order to comply with these laws and regulations, we are requesting your cooperation in completing this voluntary EEO Self-Identification Form.

The information on this EEO Self-Identification Form is being requested and will be used solely for record keeping and reporting purposes. Submission of this form by you is voluntary. In the event that you do provide the information requested, the information and this form will be processed and maintained separately from your employment application forms and your personnel file.

For the purpose of this form, please indicate the group in which you appear to belong, identify with, or regarded in the community as belonging. However, only count yourself in one ethnic/minority group.

Race and Ethnic Identification: **Gender:** ☐ Female ☐ Male

☐ **Hispanic or Latino**

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ **White (Not Hispanic or Latino)**

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Black or African American (Not Hispanic or Latino)**

A person having origins in any of the Black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **Asian (Not Hispanic or Latino)**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **American Indian or Alaska Native (Not Hispanic or Latino)**

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ **Two or More Races (Not Hispanic or Latino)**

All persons who identify with more than one of the above five races.

☐ **Vet.** ☐ **Disabled** ☐ **Vietnam Era** ☐ **Other Eligible**

☐ **Armed Forces Service Medal** ☐ **Recently Separated**

☐ **I do not wish to provide this information.**

Print Name: _____

Date: _____

Signature: _____