

The McNeely Companies

LBM Industries, Toxaway Concrete, McNeely Trucking, McNeely's Store, Nantahala Talc & Limestone

PO Box 40, Sapphire NC 28774

Phone: 828-966-4270

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www.McNeelyCompanies.com

Application for Employment

Applicant Name _____

Date of Application _____

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, veteran status, non-job related disability, or any other protected group status.

To be Read and Signed by Applicant

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

For Company Use:

Location _____

Classification _____

Full or Part Time _____

Signature of Interviewing Manager _____

To be completed by Human Resources

Date Employed _____

Applicant to Complete

(answer all questions - please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City
 _____ Phone _____ How Long? _____
State Zip Code From yr/mo

Mailing Address _____
City State Zip Code

Previous Addresses _____ How Long? _____
Street City State & Zip Code From yr/mo

_____ How Long? _____
Street City State & Zip Code From yr/mo

_____ How Long? _____
Street City State & Zip Code From yr/mo

Email address _____

Do you have the legal right to work in the United States? _____

Date of Birth _____ Can you provide proof of age? _____

(Required for Commerical Drivers, Not required for other employees)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____

(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceeding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER				DATE			
Name				From		To	
				Mo.	Yr.	Mo.	Yr.
Address				Position Held			
City		State		Zip		Salary/Wage	
Contact Person			Phone Number			Reason for Leaving	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Employment History (continued)

EMPLOYER				DATE			
Name				From Mo. Yr.		To Mo. Yr.	
Address				Position Held			
City		State		Zip		Salary/Wage	
Contact Person			Phone Number			Reason for Leaving	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?							
				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

EMPLOYER				DATE			
Name				From Mo. Yr.		To Mo. Yr.	
Address				Position Held			
City		State		Zip		Salary/Wage	
Contact Person			Phone Number			Reason for Leaving	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?							
				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

EMPLOYER				DATE			
Name				From Mo. Yr.		To Mo. Yr.	
Address				Position Held			
City		State		Zip		Salary/Wage	
Contact Person			Phone Number			Reason for Leaving	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?							
				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

If you have been unemployed for more than 2 weeks in the last 5 years, please explain why _____

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

YES _____ NO _____

B. Has any license, permit, or privilege ever been suspended or revoked?

YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

Commercial Drivers Only: DRIVING EXPERIENCE CHECK YES OR NO

Class of Equipment			Circle Type of Equipment	Dates		Approx. No. of Miles (Total)
	YES	NO		From (M/Y)	To (M/Y)	
Straight Truck	YES	NO	Van, Tank, Flat, Dump, Refer			
Tractor and Semi-Trailer	YES	NO	Van, Tank, Flat, Dump, Refer			
Tractor - Two Trailers	YES	NO	Van, Tank, Flat, Dump, Refer			
Tractor - Three Trailers	YES	NO	Van, Tank, Flat, Dump, Refer			
Motorcoach - School Bus	YES	NO				
Other						

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME) _____

(CITY, STATE) _____

TO BE READ AND SIGNED BY APPLICANT

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.

Signature: _____ Date: _____

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FAIR CREDIT REPORTING ACT DISCLOSURE NOTICE AND AUTHORIZATION FORM

Definitions you will want to understand before signing this form include:

- Employment purposes** When used in connection with a consumer report, this term means a report used for the purpose of evaluating a consumer for employment, promotion, reassignment, or retention as an employee.
- Adverse action** A denial of employment or any other decision for employment purposes that adversely affects any current or prospective employee.
- Consumer report** Any written, oral, or other communication of any information by a consumer reporting agency bearing on the consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the consumer's eligibility for employment purposes.
- Investigative consumer report** A consumer report or portion thereof in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the consumer reported on or with others with whom he is acquainted or who may have knowledge concerning any such items of information. However, such information shall not include specific factual information on a consumer's credit record obtained directly from a creditor of the consumer or from a consumer reporting agency when such information was obtained directly from a creditor of the consumer or from the consumer. The types of background information that may be obtained include, but are not limited to, criminal, litigation, motor vehicle record and accident history, social security number verification, address and credit history, earnings, education, drug and alcohol and military service.

Please take notice that one or more consumer reports may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, as amended, 15 U.S.C. §1681, *et seq.* Should a decision to take any adverse action against you be made, based either in whole or in part on the consumer report, the consumer reporting agency that provided the report played no role in our decision to take such adverse action. Information provided by you on this form will be furnished to HIRERIGHT .4500 South 129th East Ave, Suite 200, Tulsa, OK 74134 in order to obtain information in connection with an investigation to determine your (1) fitness for employment, (2) clearance to perform contractual service for our company, and/or (3) security clearance or access. You have a right to request a complete and accurate disclosure of the nature and scope of any investigative consumer report requested. In addition, you have a right to a written summary of your rights under §1681g of the Fair Credit Reporting Act, as amended.

I hereby authorize The McNeely Companies to obtain such report(s) from HIRERIGHT INC. for employment purposes and for obtaining Motor Vehicle Reports for Drivers for the duration of my employment with the McNeely Companies.

Print Name

Social Security Number *

Signature

Date

Driver License # & State **

Date of Birth

Home Phone

E-Mail Address

* Your Social Security Number is needed to keep records accurate, because other people may have the same name.

** Please provide a copy of your Driver License and Social Security Card with your Application for Employment.