



LBM Industries • Toxaway Concrete • McNeely Trucking • McNeely's Store & Rental • Nantahala Talc & Limestone • High Country Auto Parts

PO Box 40 Sapphire, NC 28774 • Phone: (828) 966-4270 • www.McNeelyCompanies.com

Application for Employment

For Applicant Use

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex (including pregnancy, sexual orientation and gender identity), national origin, age, marital status, veteran status, disability, genetic information, or any other protected group status.

Please Submit Resume with Application

Email for submission or questions: hiring@mcneelyco.com

Name: _____ Date of Application: ___ / ___ / ___
Last First Middle

Position(s) Applying for: _____

Expected Rate of Pay: _____

Email: _____

Phone: _____

For Interviewing Manager & HR Use Only

Company or Store #: _____

Job Title: _____ Full/Part Time: _____

Date Interviewed: ___ / ___ / ___

Signature of Interviewing Manager: _____

Date Employed: ___ / ___ / ___

Signature of HR Representative: _____

To be Read and Signed by Applicant

I authorize McNeely Companies to make such investigations 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. However, McNeely Companies may make pre-employment inquiries into the ability of the applicant to perform job-related functions¹. I hereby release former and present employers, schools, health care providers, professional and personal references, and other persons from all liability for any damages that may result from responding to inquiries and releasing information in connection with my application.

I certify that the information given by me on this application and during the interview process is and will be true and complete in all respects. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that, in the event of employment, I am required to abide by all rules and regulations of the entity(s) of McNeely Companies for which I will be working (LBM Industries, Toxaway Concrete, McNeely Trucking, McNeely’s Store & Rental, Nantahala Talc & Limestone, High Country Auto Parts).

I understand that this application and any other McNeely Companies documents are not promises of employment. Should I be employed, I understand that I will be employed “at-will”, meaning that I can terminate my employment at any time with or without cause and with or without advance notice and that McNeely Companies has a similar right. I understand that no manager, representative, or agent of McNeely Companies has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, except that the President may do so in writing.

I understand that information I provide regarding current and/or previous employers may be used in coming to an employment decision, 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)². I understand I have the right to:

- Request and review information provided by previous employers,
- Have previous employers correct any errors in the information they provide 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 the applicant cannot agree on the accuracy of the information.

Applicant Signature: _____

Date: ____ / ____ / ____

Background Information

List your 2 most recent addresses of residency.

Current Address:

Street	City	State	Zip Code
From: ___/___ MM/YYYY			

Mailing Address same as current address? Yes No

If no, Mailing Address:

Street	City	State	Zip Code
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Next Most Previous Address:

Street	City	State	Zip Code
From: ___/___ MM/YYYY	To: ___/___ MM/YYYY		

- Have you ever worked for McNeely Companies before? Yes No

Where? _____

From: ___/___
MM/YYYY

To: ___/___
MM/YYYY

Position: _____

Rate of Pay: _____

Reason for leaving: _____

- How did you hear about us? _____ Phone Number (if applicable): _____

- Do you have the legal right to work in the United States? Yes No

- Prior to conducting a background check investigation, McNeely Companies will provide you with a release form that complies with the Fair Credit Reporting Act and any applicable State law. When responding to the following question, you should not disclose any arrests or convictions that were sealed or expunged:

- Have you ever been convicted of or pleaded no contest or had adjudication in connection with a misdemeanor and/or felony within the last 10 years³? Yes No

If so, please explain: _____

Employment History, Professional References, & Personal References

All applicants must provide 2-3* references from previous employers and 2-3 personal references.
*If you don't have 2-3 previous employers, list as many as possible and write "N/A" for all others.

Applicants to drive a commercial motor vehicle ("CMV") in intrastate or interstate commerce shall provide 10 years' information on those employers for whom the applicant operated such vehicles.

NOTE: List employers starting with your most recent/current employer. If you've had more employers than listed here, there is extra space at the end of the application but insert additional sheets if necessary.

Previous Employment

Company 1:	_____	Supervisor:	_____
Address:	_____	Phone:	_____
Job title:	_____	Rate of Pay:	_____
Responsibilities:	_____		
Reason for Leaving:	_____		

May we contact your current/previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were you subject to the Federal Motor Carrier Safety Regulations while employed ⁴ ?	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 ⁵ ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Company 2:	_____	Supervisor:	_____
Address:	_____	Phone:	_____
Job title:	_____	Rate of Pay:	_____
Responsibilities:	_____		
Reason for Leaving:	_____		

May we contact your current/previous supervisor for a reference?

Yes No

Were you subject to the Federal Motor Carrier Safety Regulations while employed?

Yes No

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 No

Company 3: _____

Supervisor: _____

Address: _____

Phone: _____

Rate of Pay: _____

Job title: _____

From (M/Y): _____ To: _____

Responsibilities: _____

Reason for Leaving: _____

May we contact your current/previous supervisor for a reference?

Yes No

Were you subject to the Federal Motor Carrier Safety Regulations while employed?

Yes No

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 No

Are you currently employed? Yes No If not, How long since last employment? _____

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

Personal References:

Full name: _____ Relationship: _____

Phone _____ Email: _____

Full name: _____ Relationship: _____

Phone _____ Email: _____

Full name: _____ Relationship: _____

Phone _____ Email: _____

Education

High School Attended: _____ Location: _____

Graduated? Yes No Years (From/To): _____

College Attended: _____ Location: _____

Circle One: Technical/Trade 2-year 4-year

Graduated? Yes No Years (From/To): _____

Degree Obtained: _____

College Attended: _____ Location: _____

Circle One: Technical/Trade 2-year 4-year

Graduated? Yes No Years (From/To): _____

Degree Obtained: _____

If you did not graduate from the last school you attended, please indicate the highest year you completed:

Last School Attended: _____ Level/Year of Completion: _____

Experience, Certifications, & Qualifications – Not Listed on Resume.

Show any trucking, transportation, or other experience that may help you in your work for this company.

List any courses, training, or certifications obtained, but not previously shown on resume or application.

List special equipment or technical materials you can use other than those already shown.

Driving History

If you have more accidents, traffic convictions, licenses, or permits in the previous 3 years than can be listed below, please attach additional sheets with that information.

Accident Record

List all accidents from the previous 3 years in any CMV. If none, write "none" or "N/A".

Accident	Date	Location	Nature of Accident (Head-on, rear-end, etc.)	Fatalities	Injuries	Hazardous Material Spill
Most Recent:						
Next Previous:						
Next Previous:						

Traffic Convictions

List all traffic convictions and forfeitures in the last 3 years (other than parking violations) in any CMV or any personal vehicle. If none, write "none" or "N/A".

Location	Date	Charge	Penalty

Driving Experience & Qualifications

List all driver licenses or permits held in the last 3 years.

State	License #	Type	Expiration Date

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

If the answer is yes to either of the above questions, please explain.

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 correct.

Print Name: _____

Date: ___ / ___ / ___

Applicant Signature: _____

Date: ___ / ___ / ___

¹ See 42 U.S.C. § 12112(d)(2)(B).

² Section 391.23(d) mandates that a prospective motor carrier investigate the following from all previous employers of the applicant: (i) general driver identification and employment verification information (ii) any accidents (including date and location of the accident, driver name, number of injuries and fatalities, and whether hazardous materials were released) occurred in the three-year period preceding the date of the employment application. Subsection (e) also requires a prospective motor carrier to also investigate from all previous DOT regulated employers that employed the applicant within the previous three years from the date of the employment application, in a safety-sensitive function that required alcohol and controlled substance testing.

³ If “yes”, please explain fully (including dates) on a separate sheet of paper and attach to application. Answering “yes” to this question does not constitute an automatic bar to employment. All circumstances will be considered, including the nature of the crime, its seriousness, the substantial relation of the position’s functions and qualifications, the number of occurrences, the applicant’s age at the time of the crime, the time elapsed since the crime, the applicant’s entire work/education history, employment references and recommendations, and the business necessity of any exclusion when required by law.

⁴ 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 for compensation (or 15 or more passengers, including the driver, not for compensation), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding. 49 C.F.R. § 390.5.

⁵ The Department of Transportation's (DOT) rule, 49 CFR Part 40, describes required procedures for conducting workplace drug and alcohol testing for the Federally regulated transportation industry.

Extra Previous Employment

Company 4:	_____	Supervisor:	_____
Address:	_____	Phone:	_____
	_____	Rate of Pay:	_____
Job title:	_____	From (M/Y):	_____ To: _____
Responsibilities:	_____		
Reason for Leaving:	_____		

May we contact your current/previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were you subject to the Federal Motor Carrier Safety Regulations 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"/>

Company 5:	_____	Supervisor:	_____
Address:	_____	Phone:	_____
	_____	Rate of Pay:	_____
Job title:	_____	From (M/Y):	_____ To: _____
Responsibilities:	_____		
Reason for Leaving:	_____		

May we contact your current/previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were you subject to the Federal Motor Carrier Safety Regulations 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"/>

<p>Company 6: _____</p> <p>Address: _____</p> <p>Job title: _____</p> <p>Responsibilities: _____</p> <p>Reason for Leaving: _____</p>	<p>Supervisor: _____</p> <p>Phone: _____</p> <p>Rate of Pay: _____</p> <p>From (M/Y): _____ To: _____</p>
<p>May we contact your current/previous supervisor for a reference?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Were you subject to the Federal Motor Carrier Safety Regulations while employed?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>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?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>