



PACIFIC COAST SUPPLY, LLC

4290 Roseville Road
North Highlands, CA 95660-5710
Phone (916) 971-2301

The information provided in this application may be used, and the applicant's previous employers will be contacted, for the purpose of investigating the applicant's safety performance history information as required by 49 CFR 391.23 (d) & (e)

DOT Driver Employment Application

AN EQUAL OPPORTUNITY EMPLOYER

DATE OF APPLICATION: _____

PACIFIC COAST Supply, LLC., ("the company") is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to legally protected status, which may include race, color, religion, sex, sexual orientation, national origin, citizenship status, marital or veteran status, disability, medical condition, age, or other protected status.

POSITION(S) APPLIED FOR: _____ LOCATION: _____

How did you hear about this job? _____
(If you were referred by a current employee please indicate his/her name)

1. PERSONAL INFORMATION (PLEASE PRINT)

NAME IN FULL _____ / _____ / _____
Last First Middle

CURRENT ADDRESS _____
Number Street City State Zip How Long?
IF LESS THAN 3 YEARS AT CURRENT ADDRESS PLEASE SUPPLY ADDRESSES FOR THE MOST RECENT 3 YRS.

PREVIOUS ADDRESS _____
Number Street City State Zip How Long?

PREVIOUS ADDRESS _____
Number Street City State Zip How Long?

PREVIOUS ADDRESS _____
Number Street City State Zip How Long?

TELEPHONE NUMBER: (_____) _____ Other (_____) _____

HAVE YOU EVER BEEN EMPLOYED OR APPLIED FOR EMPLOYMENT WITH PACIFIC COAST SUPPLY, LLC. OR ANY OF THE PACIFIC COAST BUILDING PRODUCTS FAMILY OF COMPANIES? YES NO

IF YES, PLEASE SPECIFY DATES, LOCATIONS AND WHETHER OR NOT YOU WERE HIRED: _____

IF EMPLOYED, CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? YES NO
(Proof of citizenship or immigration status will be required if employed.)

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMODATION? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

NOTE: Answering "Yes" to this question does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation may be taken into account. Do not include minor traffic infractions, arrests not leading to a conviction, referrals to and participation in a pre-trial or post-trial diversion program (except certain drunk driving and narcotics abuse cases), and marijuana-related offenses that occurred over two years ago.

If Yes, describe the nature of the offense, the date of the offense, and the surrounding circumstances (attach additional sheets if necessary): _____

2. EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver application show all employment for the **past three years** and commercial driver employment for the **seven years immediately preceding this three year period**. Begin with your current or most recent job, including military experience and work backwards. (Attach a separate sheet of paper if necessary.)

COMPANY: _____ SUPERVISOR NAME: _____

ADDRESS: _____ PHONE: (____) _____

POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____
Number Street City State Zip Mo/Yr Mo/Yr

REASON FOR LEAVING: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? 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: _____ SUPERVISOR NAME: _____

ADDRESS: _____ PHONE: (____) _____

POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____
Street City State Zip Mo/Yr Mo/Yr

REASON FOR LEAVING: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? 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: _____ SUPERVISOR NAME: _____

ADDRESS: _____ PHONE: (____) _____

POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____
Street City State Zip Mo/Yr Mo/Yr

REASON FOR LEAVING: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? 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: _____ SUPERVISOR NAME: _____

ADDRESS: _____ PHONE: (____) _____

POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____
Street City State Zip Mo/Yr Mo/Yr

REASON FOR LEAVING: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? 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: _____ SUPERVISOR NAME: _____

ADDRESS: _____ PHONE: (____) _____

POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____
Street City State Zip Mo/Yr Mo/Yr

REASON FOR LEAVING: _____

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

3. EDUCATION:

	ELEMENTARY	HIGH SCHOOL	COLLEGE/UNIVERSITY	GRAD/PROFESSIONAL
SCHOOL NAME:				
CITY/STATE:				
YEARS COMPLETED:	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
DIPLOMA/DEGREE:	N / A			

OTHER: List any specialized training, apprenticeship, skills and professional licenses or technical/trade school. Also, please summarize special skills and qualifications acquired from employment or other experience that are relevant to the position(s) applied for:

4. DRIVER QUALIFICATIONS

Answer the following question only if applying for a driver position: DATE OF BIRTH
 (The U. S. Department of Transportation requires that driver applicants state their date of birth {49 CFR 391.21(b) (2)}. An age of 21 years or more is necessary for interstate commerce.)

License Class	State	License Number	Expiration Date	License Status

- 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
 - C. Have you ever been disqualified from driving for violations of the Federal Motor Carrier Safety Regulations? YES NO
- (If the answer to A, B, or C is yes, attach a statement giving details.)

5. DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, tank, flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor/Semi Trailer				
Tractor/Two Trailers				
Other (i.e. forklift etc.)				

6. ACCIDENT RECORD

Accident Review for the past 3 years. (Attach a separate sheet of paper if more space is needed.)

Dates	Nature of Accident (Head-On, Rear-End, Overturn, etc.)	Fatalities	Injuries

Traffic Convictions and Forfeitures for the past 3 years, other than parking violations.

Location	Date	Charge	Penalty

7. STIPULATION FOR EMPLOYMENT CONSIDERATION

I hereby certify that all of the information provided by me in this Application and during the hiring process is complete and accurate. I understand that providing false or incomplete information in this Application or during the hiring process will result in denial of employment or termination of employment, regardless of the timing or circumstances of discovery.

I authorize investigation of all statements contained in this Application or during the hiring process. I also authorize the references, employers, educational institutions and other persons or entities whom I have identified to furnish the Company and/or its representatives, agents or vendors with any and all information they may have about me, personal or otherwise. I agree to release the Company, its representatives, agents or vendors and all persons and entities furnishing information to the Company, and to hold them harmless, from any claim, liability or damage that may arise in connection with furnishing such information.

I understand that submission of an Application does not guarantee employment. I also understand and agree that, if hired, my employment with the Company will be on an "at will" basis, which means that my employment can be terminated by me or by the Company at any time, for any reason or no reason at all, with or without cause, and with or without prior notice. I also understand and agree that nothing which is said or done during the interview process or during my employment is intended to create any different kind of employment relationship, and that the "at will" employment relationship cannot be changed except by a written agreement signed and dated by me and the President of the Company which specifically states that the "at-will" employment relationship is being changed and which sets forth the terms of the new employment relationship.

I understand and agree that, if hired, I will comply with the Company's rules, policies and procedures at all times during my employment, including the Smoke Free Workplace Policy, the Drug Free Workplace Policy, the Confidential Information and Inventions Policy, and the Information Systems Policy. I understand that due to the nature of the Company's business, regular attendance and punctuality are essential functions of any job for which I am hired and that poor attendance or tardiness will result in disciplinary action, up to and including termination.

I understand and agree that any offer of employment may be conditioned on taking and passing a pre-employment medical examination and drug screening and that the Company may request a background check. Upon request, I agree to take a drug test and/or a physical examination at the time and place designated by the Company, and I understand that if I fail to pass or cooperate with, or attempt to affect the results of, a pre-employment medical examination or drug screening, any employment offer will be withdrawn or my employment will be terminated if I have already been hired. I agree to release the Company and its owners, directors, officers, employees, agents, and related entities, and any laboratories, testing facilities, background check agencies, and vendors, and to hold them harmless, from any claim, liability or damage which may arise from any such pre-employment medical examination, drug screening or background check.

I understand that, if hired, I will be required, as a condition of employment and continued employment, to agree to arbitrate any employment related disputes in accordance with the Company's Arbitration of Disputes Policy, which provides, generally, that any disputes which arise from my employment relationship will be resolved exclusively by final and binding arbitration.

I understand that providing a current Motor Vehicle Report from the State(s) of issue is required prior to being hired.

I understand that any employment offer will be conditioned on a satisfactory Background Safety check, which will be performed after I accept any such offer, and that continued employment is contingent upon receiving satisfactory results. I understand that the information provided in this Application, including the information provided in Section 2, may be used, and that my previous employers will be contacted, for the purpose of investigating my safety performance history information, as required by 49 CFR 391.23 (d) & (e). I understand that, pursuant to 49 CFR 391.23(i)(1), I have the following rights regarding the investigative information which will be requested from my former employer(s): (1) the right to review information provided by previous employers; (2) the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; and (3) the right to have rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information. I also understand that if I have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information, I must submit a written request to the Company, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment; that the Company will provide this information to me within five (5) business days of receiving the written request or, if the Company has not yet received the requested information from the previous employer(s), within five business days of receiving the information; and that if I have not arranged to pick up or receive the requested records within thirty (30) days of the Company making them available, the Company may consider that I to have waived my request to review the records.

In exchange for being considered for employment, I agree to all of the foregoing.

BY SIGNING IN THE SPACE PROVIDED BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STIPULATION FOR EMPLOYMENT CONSIDERATION.

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL THE ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE: _____ DATE: _____