



Zeeland Lumber Operations

146 E Washington Ave, Zeeland, MI 49464 616-879-1144

Application ID: 1713985241

		Applicat				
ob Applied For *		First Name *	Middle	Last Nan	ne *	Social Security No.
Pate of Birth *	Mo	bile Phone No. *	Other Phone No	o. Email Ad	ldress *	
Present Address *	Address 2*	City *	State/Province	* ZIP *	County	Yrs at this address *
	*If at current a	ddress less than 7 years,	list below most recent	addresses for the	past 7 years.	
Previous Address	Address 2	City	State/Province	e ZIP	County	Yrs at this address
		Comme	rcial Driver's License			
lame - Exactly as it a	ppears on your dri		Maiden or othe	er name used		
DL Type *		iver's license * Endorsements (o	Maiden or othe	License	Expiration Da	ıte *
CDL Type *	C None	Endorsements (Maiden or other	License		
DL Type * A B A	C None	Endorsements (Maiden or other check all that apply) N X mission Restriction *	License	Expiration Da	
CDL Type * A B B Air Brake Restriction? Yes No	C None	Endorsements (c H T	Maiden or other check all that apply) N X mission Restriction *	P Years of	CDL Experie	nce
CDL Type * A B B Air Brake Restriction? Yes No	C None	Endorsements (o	Maiden or other check all that apply) N X mission Restriction *	P Years of	CDL Experie	nce
CDL Type * A B B Air Brake Restriction? Yes No	C None	Endorsements (H T Automatic Trans Yes N uing State/Province *	Maiden or other check all that apply) N X mission Restriction *	P Years of edical Card *	CDL Experie	nce
CDL Type * Air Brake Restriction? Yes No	C None	Endorsements (H T Automatic Trans Yes N uing State/Province *	Maiden or other check all that apply) N X mission Restriction * do Current DOT M Yes //Hauling Experience	P Years of edical Card *	CDL Experie	nce
Air Brake Restriction? Yes No Current Driver's Licens	C None * se Number * Issu	Endorsements (H T Automatic Trans Yes N Driving	Maiden or other check all that apply) N X mission Restriction * do Current DOT M Yes //Hauling Experience Yrs Exp Equation	P Years of edical Card *	CDL Experie	nce ical Card Expiration Da
CDL Type * Air Brake Restriction? Yes No Current Driver's License	C None * se Number * Issu	Endorsements (H T Automatic Trans Yes N Driving	Maiden or other check all that apply) N X mission Restriction * Current DOT M Yes //Hauling Experience Yrs Exp Equ	P Years of edical Card * No	DOT Med	nce ical Card Expiration Da

		Education		=
-				
		Name and Location of School	Years Attended	Diploma/Certification
	High school			

ist driving awards held an	d who presented them:				
		Additional Lice	nses		
	List ALL	additional licenses held	I in the past 5 years.		
State/Province	License no.	Class	Endorsement(s)	Ехр	piration date
Yes No - Ha	s any license, permit, or privil	lege ever been suspend	ed. revoked. or denied?	*	
7100 0110	ve you ever been convicted for				
		Accident Review For P	ast 5 Years		
Yes No - Ha	If no Ac	Accident Review For P	ast 5 Years		
No Accidents to repoick on the Plus sign to ad	If no Acrt.	Accident Review For P	ast 5 Years	Injuries	Vehicle Type
No Accidents to repoick on the Plus sign to ad	If no Acrt.	Accident Review For P	ast 5 Years oust check this box.	Injuries	Vehicle Type Personal Commercial
No Accidents to repoick on the Plus sign to ad	If no Acrt.	Accident Review For P	ast 5 Years oust check this box.	Injuries	Personal
No Accidents to repo	If no Act. d additional Accidents. ates (head-on, rear-e	Accident Review For P	ast 5 Years sust check this box. Fatalities	Injuries	Personal
No Accidents to repolick on the Plus sign to ad D Last Accident No Traffic Convictions	If no Acort. d additional Accidents. ates (head-on, rear-e	Accident Review For Pecidents to report, you mend, overturn, etc.) onvictions & Forfeitures to residents to refer the control of the control	Fatalities es For Past 5 Years		Personal

Name and Location of School

Years Attended

Diploma/Certification

ou currently working?	Yes O No			
EMPLOYER #1				
Company *	Supervisor's Name	Supervisor Phone	e	Salary
Street Address		City		State/Province
Position Held *		From Date (mm/y	/y) *	To Date (mm/yy) *
Reason For Leaving *				
	Driving/Hauli	ng Experience With This Emp	oloyer	
Hauling What?	Number of	Months:	Equipmen	t
Were you subject to the FM0	CSRs while employed by this	employer? *		
○ Yes ● No				
Was your job designated as testing requirements as by 4	a safety sensitive function in	any DOT regulated mode su	bject to alcohol	and controlled substances
○ Yes • No				
		Employment Gap		
	ere you doing during this gap	?) * From Date (mm/y	/y) *	To Date (mm/yy) *
Description of Gap (What we				
Description of Gap (What we				
Description of Gap (What we				
Description of Gap (What we				

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Authorization

By clicking "Send" below, I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, any falsified statements on this application shall be grounds for dismissal. Under the provisions of the fair credit reporting act, the Americans With Disabilities Act, the Drivers Privacy Protection Act and all other applicable federal, state, and local laws I authorize investigation of all statements contained herein as well as authorize the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise.

I hereby release and hold harmless any person, firm, or entity that discloses information in accordance with this authorization, as well as my prospective employer, from any liability that may otherwise results from the request for, use of, or disclosure of, any or all of the foregoing information. The above-mentioned investigations may include, but are not limited to, information as to my character, general reputation, personal characteristics and mode of living, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history records; any other public record.

	2024-04-24 19:00:41
Print Name* Signature*	Date
This certifies that this application was completed by me and that all entries and the information herein are knowledge.	true and complete to the best of my
* Drivers Rights Pertaining to Release of Information under Regulation 391.23	
* Consent for Release of Info Form	
* PSP Consent Form	
* Previous Employer Inquiry For Driving History & Safety Performance	
* Inquiry to Previous Employer	
As part of the application process we require that the following standard consent forms be completed. Y They will be automatically completed using the information you provided above. Please review each form check the box next to it indicating your intention to sign and submit it along with your application.	
* I hereby agree and consent to receiving SMS text messages requesting additional information and regarding the application process, onboarding and/or my employment, if applicable. You have the right to withdraw your consent to receiving SMS text messages at any time by texting "ST or by calling 888-209-7427.	
You have the right to withdraw your consent to sign electronically at any time by calling the number list and retain a copy of any electronically signed documents by clicking on the PDF symbol in the top right	
*I hereby agree and consent to completing this application and background investigation process elesigning this application and all forms related to this application electronically and that the electronic signare the same as my handwritten signature for the purposes of validity, enforceability and admissibility.	
I understand that consumer reports which may contain public record information may be requested, at the from USIS or Choice point, which may include names, dates of employment, reason for termination, work compensation claims, etc. I have the right, under the provisions of the Fair Credit Reporting Act and the E all such information from the reporting agency, upon proper identification, and to request the nature and receipt of any reports on me, which the reporting agency has, or will, furnish for the two preceding years. consumer rights under the Fair Credit Reporting Act. I also understand and agree that no representative enter into any agreement for employment for any specified period of time, or to make any agreement conwriting and signed by an authorized company representative.	experience, traffic records, workers Privacy Protection Act to request substance of all information; and the I am also entitled to a copy of my of the company has any authority to