

# Hammond Lumber Company

## MAIN OFFICE

2 Hammond Drive PO Box 500 Belgrade, Maine 04917  
Tel. (207) 495-3303 Fax (207) 495-2304 www.hammondlumber.com

**AUBURN**

282 POLAND ROAD  
AUBURN, ME 04210  
207-784-4009

**BANGOR**

1087 HAMMOND STREET  
BANGOR, ME 04401  
207-945-9416

**BELGRADE**

2 Hammond Drive  
Belgrade, ME 04917  
207-495-3303

**BOOTHBAY HARBOR**

276 Townsend Avenue  
Boothbay Harbor, ME 04538  
207-633-4474

**BRUNSWICK**

20 Spring Street  
Brunswick, ME 04011  
207-729-9924

**DAMARISCOTTA**

511 Main Street  
Damariscotta, ME 04543  
207-563-1200

**FAIRFIELD**

5 Summit Street  
Fairfield, ME 04937  
207-453-7322

**FARMINGTON**

389 Farmington Falls Road  
Farmington, ME 04938  
207-778-3518

**GREENVILLE**

17 Minden Street  
Greenville, ME 04441  
207-695-4583

**PEMAQUID**

2089 Bristol road  
Pemaquid, ME 04558  
207-677-2652

**PORTLAND**

300 Riverside Street  
Portland, ME 04103  
207-771-8880

**SKOWHEGAN**

34 Pennell Street  
Skowhegan, ME 04976  
207-474-8122

**WILTON**

946 US Route 2 East  
Wilton, ME 04294  
207-778-6969

Fill out this application only if you  
hold a valid A or B CDL License

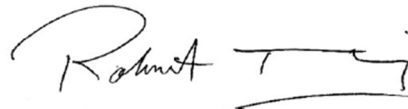
Please indicate which locations you are applying for by checking the appropriate boxes.

## Driver Application

Dear Applicant,

*This application should be filled out completely and legibly. Hammond Lumber Company does not accept applications that indicate "see resume" in lieu of completing application information. Please check all information for accuracy, including previous employers' phone numbers, then sign and date the back of the application.*

Sincerely,



Robert Thing

Director of Operations

Hammond  
Lumber Company

Form # DJA400

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?

Advertisement     Radio     Relative     Referred by: \_\_\_\_\_  
 Employment Agency     Newspaper     Friend     Other: \_\_\_\_\_

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)	Social Security Number				

Best time to contact you at home is: .....  AM  PM

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Can you provide proof of age?.....  Yes  No  
*(Required for Commercial Drivers)*

Have you ever filed an application with us before?.....  Yes  No  
 If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?.....  Yes  No  
 If Yes, give date \_\_\_\_\_

Are you currently employed?.....  Yes  No

May we contact your present employer?.....  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
*Proof of citizenship or immigration status will be required upon employment.....*  Yes  No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:     Full-Time  
 Part-Time (please indicate  Morning  Afternoon  Evening)  
 Temporary (please indicate dates available \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)

Are you currently on "lay-off" status and subject to recall?.....  Yes  No

Can you travel if a job requires it?.....  Yes  No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# EMPLOYMENT EXPERIENCE

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code. Applicants to drive commercial motor vehicles\* in intra-state or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicles. (Add another sheet as necessary)

1.	Employer	From: MO/YR	To: MO/YR
	Street Address	Position Held	
	City	State Zip	Salary   Wage
	Contact Person	Phone No.	Reason for Leaving
2.	Employer	From: MO/YR	To: MO/YR
	Street Address	Position Held	
	City	State Zip	Salary   Wage
	Contact Person	Phone No.	Reason for Leaving
3.	Employer	From: MO/YR	To: MO/YR
	Street Address	Position Held	
	City	State Zip	Salary   Wage
	Contact Person	Phone No.	Reason for Leaving
4.	Employer	From: MO/YR	To: MO/YR
	Street Address	Position Held	
	City	State Zip	Salary   Wage
	Contact Person	Phone No.	Reason for Leaving
5.	Employer	From: MO/YR	To: MO/YR
	Street Address	Position Held	
	City	State Zip	Salary   Wage
	Contact Person	Phone No.	Reason for Leaving
6.	Employer	From: MO/YR	To: MO/YR
	Street Address	Position Held	
	City	State Zip	Salary   Wage
	Contact Person	Phone No.	Reason for Leaving
7.	Employer	From: MO/YR	To: MO/YR
	Street Address	Position Held	
	City	State Zip	Salary   Wage
	Contact Person	Phone No.	Reason for Leaving

**Explain any gaps in your employment**

\* 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 require placarding.

# ADDITIONAL INFORMATION

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Have you been convicted of a felony within the last 7 years?  
(Conviction will not necessarily disqualify an applicant from employment.)

Yes

No

If yes, please explain:

Please list all names you have used in the last 7 years if different than the name you are using now:

Signature \_\_\_\_\_

**The applicant is required by sec. 40.25 to respond to the following questions:**

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by a prospective employer to which you applied, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years.

Yes

No

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Print Full Name: \_\_\_\_\_

Witnessed by Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# EDUCATION

	Name & Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

## Experience and Qualifications - Other

List any Trucking, Transportation or other experience that may help you in your work for this company:

List special equipment or technical materials you can work with (other than those already listed):

- 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, attach a statement giving details**

List states in which you have operated a commercial vehicle over the last five years:

List special courses or training that will help you as a driver \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

**Driving Experience. If none, write 'none'**

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor - Two Trailers				
Motor Coach - School Bus				
Other				

# ADDITIONAL INFORMATION

Accident Record for the past 3 years or more (Attach sheet if more space is needed.) If none, write 'none.'

Date of Accident (Start with Latest and list Backwards)	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries

Traffic Convictions and Forfeitures for the past 3 years (other than parking violations.) If none, write 'none.'

Location	Date	Charge	Penalty

List all valid Drivers Licenses held for the past 7 years

State	License Number	Type	Expiration Date

## References

1.	Name
	Address <span style="float: right;">Phone Number</span>
2.	Name
	Address <span style="float: right;">Phone Number</span>
3.	Name
	Address <span style="float: right;">Phone Number</span>
4.	Name
	Address <span style="float: right;">Phone Number</span>

**Authorization for Investigation and Release of Information, and Release of Claims**

**To be read and signed by applicant**

I hereby certify that the facts set forth above in my employment application are true and complete to the best of my knowledge. I authorize Hammond Lumber Company to investigate all information set forth in my application, by contacting all my prior employers and other references set forth above, and by any and all other means authorized or permitted by law. I understand that if I am hired, omissions or false or misleading statements in this application or in interviews will be grounds for immediate termination of my employment.

I hereby release Hammond Lumber Company and any and all persons and organizations providing any information to Hammond Lumber Company from any and all claims and liabilities of any kind resulting from any such investigation or from the furnishing of any information and response to such an investigation.

I hereby understand and acknowledge that any employment relationship with Hammond Lumber Company is of an “*at will*” nature. This means that all employment with the Company is of an indefinite duration, and is terminable at any time for any reason, with or without notice, either by the employee or by the Company. The only persons who have the authority to bind the Company to employment on any other basis are the Company President and the Vice President, and any such agreement must be in writing and signed by one of them.

\_\_\_\_\_

Dated

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Full Name