



225-675-5375



generalinfo@sorrentolumber.com



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9563 Airline Hwy, Sorrento, LA 70778

## Application of Employment

Date of Application \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Present Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ SS # \_\_\_\_\_

DL # \_\_\_\_\_ DL State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

18 yrs. or older? Yes \_\_\_\_\_ No \_\_\_\_\_ D.O.B \_\_\_\_\_

If under 18, can you provide required proof of your eligibility to work? \_\_\_\_\_

Referred By \_\_\_\_\_ Best time to contact you: \_\_\_\_\_

Position Applied for \_\_\_\_\_

Desired Salary \_\_\_\_\_

Date available to work \_\_\_\_\_ Which are you available to work: Full Time ☐ Part Time ☐



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TWIC Card? Yes \_\_\_\_\_ No \_\_\_\_\_

TWIC Card # \_\_\_\_\_

Have you filed an application with us before? \_\_\_\_\_ If so, what date? \_\_\_\_\_

Have you ever been employed with us? \_\_\_\_\_ If so, what date? \_\_\_\_\_

If yes, please give reason for leaving \_\_\_\_\_

Do any of your friends, relatives (other than spouse) work here? \_\_\_\_\_

If yes, state name and relationship / position \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ Company \_\_\_\_\_

Phone # \_\_\_\_\_

May we inquire your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Who should we contact? \_\_\_\_\_

### EDUCATION

School	Name & Location	No of Yrs.	Graduate	Subjects / Degree
Grammar				
High School				
College				
Trade/Business				
Correspondence				

Special Skills, Qualifications, and Considerations Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking:

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*Sorrento Lumber Company, Inc. is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws. Title I of the Americans with Disabilities Act of 1990 requires an employer to provide reasonable accommodation to qualified individuals with disabilities who are employees or applicants for employment, unless to do so would cause undue hardship.*



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### **FORMER EMPLOYERS**

*(All applicants applying for a driving position must list your last 10 years of employment.)*

#### **Employment Experience**

Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_ (Mo/Yr)  
Your Salary: Starting / Ending \_\_\_\_\_ Duties \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_ (Mo/Yr)  
Your Salary: Starting / Ending \_\_\_\_\_ Duties \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_ (Mo/Yr)  
Your Salary: Starting / Ending \_\_\_\_\_ Duties \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_ (Mo/Yr)  
Your Salary: Starting / Ending \_\_\_\_\_ Duties \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**Include explanation of any gaps in employment on an attached blank sheet.**



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### **REFERENCES**

List three (3) non-relatives who are familiar with your qualifications, work history, and ability.

Name \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_  
Occupation \_\_\_\_\_  
Years Known \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Name \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_  
Occupation \_\_\_\_\_  
Years Known \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Name \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_  
Occupation \_\_\_\_\_  
Years Known \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.**

*If you are hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility.*

*Updated 9/2023*



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## FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

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Applicant's Signature

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Date

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Applicant's Printed Name



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### **AUTHORIZATION**

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company. I understand that any employment is conditioned on a background check. I authorize the company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be at will and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing in the form of a formal contract, signed by the employee and an officer of the company personnel.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the company the results of the examination, which results shall remain confidential and segregated from my file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug tests, and if I am hired a condition of my employment will be that I abide by the company's drug and alcohol policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the company to hire. If hired, I agree to abide by all company work rules, policies and procedures. The company retains the right to revise its policies or procedures, in whole or in part, at any time.

**If you are applying for a driving position, please fill out the driver addendum.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_



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## DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT

**Sorrento Lumber Co., Inc** may request an investigative consumer report about you from a third party consumer reporting agency such as iiX or IntelliCorp Records, Inc. for **new hire application** (including independent contractor or volunteer assignments, as applicable). An “investigative consumer report” is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, or mode of living. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

You have the right, upon written request made within a reasonable time, to request:

- (1) whether an investigative consumer report has been obtained about you,
- (2) disclosure of the nature and scope of any investigative consumer report and
- (3) a copy of your report.

iiX, a unit of ISO Claim Services, Inc., can be contacted by mail at 1716 Briarcrest Drive, Suite 200; Bryan, TX 77802; or phone: 800-299-7099; or website: [www.iiX.com](http://www.iiX.com).

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: [www.intellicorp.net](http://www.intellicorp.net). IntelliCorp Record, Inc., 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; [www.intellicorp.net](http://www.intellicorp.net) .

The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of investigative consumer reports to the extent permitted by law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## DISCLOSURE REGARDING BACKGROUND CHECK

Sorrento Lumber Co., Inc may obtain information about you from a third party consumer reporting agency for new hire application. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records").

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **IntelliCorp, 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; [www.intellicorp.net](http://www.intellicorp.net)** or by **iiX, a unit of ISO Claim Services, Inc., 1716 Briarcrest Drive, Suite 200, Bryan, TX 77802, Tel No 1.800.299.7099: [www.iix.com](http://www.iix.com)**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





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## ACKNOWLEDGMENT AND AUTHORIZATION FOR DOT CHECKS

I am authorizing the release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to **Sorrento Lumber Co., Inc** This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

**I also consent to have any legally required notices sent electronically.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent or Legal Guardian Signature  
(for searches conducted on minors under  
the age of 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



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## PERSONAL DATA

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Dates Lived Here

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Other Names Used  
(including maiden name)

\_\_\_\_\_  
Years Used

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
DL State

\_\_\_\_\_  
Email address (may be used for official correspondence)



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## **EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING**

I hereby agree, upon a request made under the drug/alcohol testing policy of Sorrento Lumber Co., Inc. to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have the Sorrento Lumber Co., Inc. and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Sorrento Lumber Co., Inc. and/or to the decisionmaker of any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Sorrento Lumber Co., Inc. to disclose any documentation relating to such test to the decisionmaker of any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Company officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless the Sorrento Lumber Co., Inc., its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if Sorrento Lumber Co., Inc. or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless Sorrento Lumber Co., Inc., and its company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.



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This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

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Signature of Employee

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Date

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Employee's Name - Printed

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Company Representative

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Date