

William B. Morse Lumber Company Application for Employment

PLEASE PRINT

POSITION(S) APPLIED FOR _____ DATE OF APPLICATION _____

REFERRAL SOURCE ADVERTISEMENT EMPLOYEE RELATIVE GOVERNMENT EMPLOYMENT AGENCY
 WALK-IN OTHER _____

NAME OF SOURCE (IF APPLICABLE) _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP CODE

TELEPHONE NUMBER (_____) - _____ SOCIAL SECURITY NUMBER _____ - -
AREA CODE

If necessary, best time to call you at home is

May we contact you at work? YES NO

If yes, work number and best time to call (_____) - _____
AREA CODE TIME

Have you filed an application here before? YES NO

If yes, give date

Have you ever been employed here before? YES NO

If yes, give dates FROM _____ TO _____

Are you legally eligible for employment in this country? YES NO
 (Proof of U.S. citizenship or immigration status will be required upon employment.)

Date available for work

Will you work overtime if required? YES NO

If required by the employer, will you undergo a medical exam? YES NO

Do you have a valid driver's license? (only answer this question if specifically asked to) YES NO

Type/class of license _____ License # _____ State issued _____

Have you ever been bonded? YES NO

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE () -	DATES EMPLOYED FROM TO		Summarize the nature of the work performed and job responsibilities.
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE FINAL		
MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

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MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

Comments (including explanation of any gaps in employment)

Educational Background

A. List last three (3) schools attended, *starting with last one*. B. List number of years completed, C. Indicate degree or diploma earned, if any, D. Grade Point Average or Class Rank and E. major and minor field of study (if applicable).

A. SCHOOL	B. NO. YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	E. MINOR

SKILLS AND QUALIFICATIONS Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our Company. _____

List professional, trade, business or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or other protected status.)

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.) _____

List any additional information you would like us to consider _____

Vietnam Era Veteran..... YES NO

If you are handicapped and wish to be identified as such according to the Rehabilitation Act of 1973, please indicate by checking the box YES

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

PREEMPLOYMENT STATEMENT

(Please read carefully and sign the statement below)

1. I understand and agree that: Any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.
2. I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.
3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs.
4. The Employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.
5. This application is current for only (60) days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of Applicant _____ Date _____