



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

GENERAL INFORMATION

Last Name	First Name	Initial	Social Security No.

Address	City	State	Zip
_____			Telephone No.
_____			_____
How did you learn about us?			Are you 18 years or older? <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Advertisement	<input type="radio"/> Friend	<input type="radio"/> Walk-In	
<input type="radio"/> Employment Agency	<input type="radio"/> Relative	<input type="radio"/> Other _____	
Have you ever been employed at Big B Lumber before? <input type="radio"/> Yes <input type="radio"/> No			
If yes, give dates of employment. _____			
Why did you leave Big B Lumber? _____			
Names of Relative or Friends employed or formerly employed at Big B Lumber: _____			
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <input type="radio"/> Yes <input type="radio"/> No			
Proof of citizenship or immigration status will be required upon employment.			
Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied?			
<input type="radio"/> Yes <input type="radio"/> No. If yes, please explain _____			
Have you been convicted of a felony? <input type="radio"/> Yes <input type="radio"/> No			
If yes, please furnish details: _____			
You need not disclose any sealed or expunged records of convictions or arrest. Conviction will not necessarily disqualify an applicant from employment.			
Position desired or area of interest: _____		Second Choice: _____	
Have you ever applied at Big B Lumber before? <input type="radio"/> Yes <input type="radio"/> No		Date available:	Salary expected:
If yes, give date and position applied for. _____			
Are you willing to work overtime as necessary? <input type="radio"/> Yes <input type="radio"/> No		Will you work overtime, if asked: <input type="radio"/> Yes <input type="radio"/> No	Have you ever been bonded? <input type="radio"/> Yes <input type="radio"/> No If yes: with what employer?
TYPES OF EMPLOYMENT YOU ARE SEEKING: <input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Summer			
If part time, list day(s) and hour(s) available: _____			

EDUCATION

EDUCATION	NAME AND ADDRESS OF SCHOOL	COURSE OR COURSE MAJOR	CIRCLE HIGHEST GRADE COMPLETED	Did you graduate?	DEGREE AND/OR DIPLOMA
Graduate			1 2 3 4		
College			1 2 3 4		
High School					
Elementary					
Trade/Business					
Other					
Are you taking any educational courses at present? <input type="radio"/> Yes <input type="radio"/> No			If yes, what and where? _____		
Honors or awards received:		Professional certificates or Licenses held:	Hobbies or special interests:		
Extra-curricular activities as they may related to the job:			Present community and professional affiliations Office held:		
(Exclude affiliations which include race, religion, color or national origin, or disability)					

Big B Lumber COMPANY POLICY, FEDERAL AND STATE LAW PROHIBITS DISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE OR DISABILITY.

EMPLOYMENT HISTORY

(Listing Current or Most Recent Employer First)

COMPANY NAME (Current or Last)	POSITION HELD
STREET ADDRESS	DATES OF EMPLOYMENT FROM /TO
CITY & STATE	NAME AND TITLE OF SUPERVISOR
TELEPHONE # ()	TYPE OF BUSINESS
REASON FOR LEAVING	BASE RATE OF PAY START /END
DESCRIBE YOUR DUTIES	
IF STILL EMPLOYED, MAY WE CONTACT THIS EMPLOYER? <input type="radio"/> YES <input type="radio"/> NO	
COMPANY NAME	POSITION HELD
STREET ADDRESS	DATES OF EMPLOYMENT FROM /TO
CITY & STATE	NAME AND TITLE OF SUPERVISOR
TELEPHONE # ()	TYPE OF BUSINESS
REASON FOR LEAVING	BASE RATE OF PAY START /END
DESCRIBE YOUR DUTIES	
COMPANY NAME	POSITION HELD
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TELEPHONE # ()	TYPE OF BUSINESS
REASON FOR LEAVING	BASE RATE OF PAY START /END
DESCRIBE YOUR DUTIES	
SUMMARIZE YOUR EXPERIENCE WITH INSPECTION EQUIPMENT AND MACHINERY. LIST ANY ADDITIONAL OR SPECIAL SKILLS.	
INDICATE BELOW ALL OFFICE EQUIPMENT YOU ARE FAMILIAR WITH:	
TYPING SPEED SPEEDWRITING OR SHORTHAND? W.P.M.	

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MILITARY SERVICE RECORD	
Have you ever served in the U.S. Armed Forces? <input type="radio"/> Yes <input type="radio"/> No	If yes: What Branch?
List duties in the Service, including special training that is relevant to the position for which you have applied.	

CONDITIONS OF EMPLOYMENT

Please read the following statements carefully before signing this application. Only those applications that are signed and dated are considered valid.

I certify that all answers or statements I have made on this application or on my resume or other supplementary materials are true and correct without omissions. I acknowledge that any false statements or misrepresentations on this application or supplementary materials will be cause for refusal to hire or for immediate dismissal from employment at any time during the period of my employment. I authorize this Company to contact my past employers, except as otherwise indicated, and/or schools and authorize my past employers and/or schools to furnish any information concerning my previous employment and/or education. I release this Company and all persons and organizations from all claims and liabilities of any nature arising from such investigations or the supplying of information for such investigations. In making this application for employment, I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with neighbors, friends or others with whom I am acquainted. This inquiry may include information on my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigative consumer report.

I have no objection to making application for a fidelity bond or security clearance, signing an employee agreement relating to confidential information and inventions or taking drug or alcohol tests at any time at the option and expense of the Company. If required to, I will take and pass a physical examination, at Company expense, after employment. If hired, I will be required to submit proof of U.S. citizenship or proof that I am a lawfully authorized alien worker. I understand that my employment is for no definite period of time and may be terminated at any time by the Company or by me, with or without cause or notice and that no representative of the Company, other than an executive officer, has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing. I agree to conform to the rules and regulations of the Company. I have read and understand the foregoing statements and accept the same as conditions of employment.

Please note this application is considered current for 30 days. If you want to be considered for employment after this time, you must renew your application by completing another application form.

I fully understand and accept all terms and conditions in the above statements.

Signature of applicant: _____ Date: _____

In case of emergency, notify:

Name: _____ Relationship: _____

Address: _____ Telephone: _____

For Office Use Only

Hire Date	Clock #	Dept. #	Hourly Wage
Comments:			