



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? <input type="radio"/> Advertisement Friend Walk-In <input type="radio"/> Employment Agency Relative Other			Are you 18 years or older? Yes No
Have you ever been employed at Big B Lumber before? Yes 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? Yes 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 No If yes, please explain			
Position desired or area of interest: _____ Second Choice: _____			
Have you ever applied at Big B Lumber before? Yes No If yes, give date and position applied for.		Date available:	Wage expected:
Are you willing to work overtime as necessary? Yes No		Will you work overtime, if asked:	Have you ever been bonded? <input type="radio"/> Yes <input type="radio"/> No If yes: with what employer?
TYPES OF EMPLOYMENT YOU ARE SEEKING: Full Time Part Time Summer If part time, list day(s) and hour(s) available:			

EDUCATION

EDUCATION	Name and City of School	COURSE MAJOR	HIGHEST GRADE COMPLETED	Did you graduate?	DEGREE or DIPLOMA
Graduate					
College					
High School					
Elementary					
Trade/Business					
Other					
Are you taking any educational courses at present? Yes 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)					

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
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	
SUMMARIZE YOUR EXPERIENCE WITH INSPECTION EQUIPMENT AND MACHINERY. LIST ANY ADDITIONAL OR SPECIAL SKILLS.	
INDICATE BELOW ALL OFFICE EQUIPMENT YOU ARE FAMILIAR WITH:	
MILITARY SERVICE RECORD Have you ever served in the U.S. Armed Forces? Yes 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: _____

For Office Use Only

Hire Date	Clock #	Dept. #	Hourly Wage
Comments:			