

Branch_____

Start Date_____

Wages_____

S.J. Neathawk Lumber Inc.**Application for Employment****Personal**

Name_____

Address_____

Phone(_____)_____ - _____ Social Sec #_____

Date Available for Employment_____

Position Applying for_____

Full Time

Part Time

If hired and under 18, can you furnish a work permit?

Yes

No

Have you been employed by this company before?

Yes

No

Are you employed now?

Yes

No

May we contact your current employer?

Yes

No

If yes, give contact name and number: _____

Are you over the age of 18?

Yes

No

If no, hire is subject to verification that you are of the minimum legal age.

In compliance with federal law, all persons hired will be required to verify their identity and eligibility to work in the United States, and to complete the required employment eligibility verification document form upon hire.

Type of Work Desired: _____

Can you perform the essential functions of the job(s) for which you are applying? Yes No

If applying for a position where driving is required, do you have a valid license in this state? Yes No

License # _____ If you are applying for a driving job you must fill out a

Commercial Driver Application Supplement Form

Summarize special skills and qualifications gained from volunteer activities, military experience, job experience or other activities that will be of benefit in the job you are applying for.

This company is an equal 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 doing so would cause undue hardship.

S. J. Neathawk Lumber Inc. requires a Pre- Hire Drug Test for ALL new hires.

Education	Elementary	Secondary	College	Graduate
School Name	_____	_____	_____	_____
City, State	_____	_____	_____	_____
Grade Completed				
Course of Study	_____	_____	_____	_____

References

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

Name	Occupation/ Relationship	Years Known	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment Experience

Employer	Supervisors Name
City, State	Your Job Position
Phone Number	Employed from _____ to _____ (mo/yr)
Wages(Start/Ending)	Duties
What you liked most about your job?	
Reason for leaving?	

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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.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true, accurate and complete without omissions. By signing below, I authorize S. J. Neathawk Lumber Inc. to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give complete information and records regarding my employment, education, character and qualifications.

If hired I will be responsible for familiarizing myself with all the rules and regulations of S. J. Neathawk Lumber Inc. as they presently exist or are later modified. If hired, I understand that my employment can be terminated, at the discretion of S. J. Neathawk Lumber or at my option, without notice, at any time and for any reason or no reason.

I also understand that no representative of S. J. Neathawk Lumber Inc. has any authority to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in the written Benefits Summary or Employee Handbook.

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

I have read, understand, and agree with the above. This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of Applicant

Date

This application is valid for only 90 days from the date signed above. If I want to be considered for job openings more than 90 days from date signed, I will submit a new application.