



LUMBERMEN'S, INC.

APPLICATION FOR EMPLOYMENT

Date: _____ Time: _____

Name: _____ (LAST) (FIRST) (MIDDLE)

CURRENT ADDRESS: _____

LENGTH OF TIME AT THIS ADDRESS: _____

PREVIOUS ADDRESS: _____

LENGTH OF TIME AT THIS ADDRESS: _____

SOC. SEC. NO: _____ TELEPHONE: _____

How many years have you lived in this city? _____

Jobs applied for: 1. _____ Rate of pay expected \$ _____ Per _____
2. _____ Rate of pay expected \$ _____ Per _____

Do you want to work: Full-Time _____ Part-Time _____ If applying only for part-time what days and hours?

Have you ever applied for work with us before? Yes _____ No _____ If yes, when? _____

List anyone you know who works for us: _____

Do you have any skills, qualifications or experiences, which you feel would especially fit you for work with us?

U.S. Armed Forces Service? Yes _____ No _____ From _____ To _____

Branch of Service: _____ Duties: _____

Rank or rating at time of enlistment: _____

Rating at time of discharge: _____

Were you dishonorably discharged? Yes _____ No _____ If yes, explain: _____

Are you able to do the job(s) for which you are applying? Yes _____ No _____

If not, please explain: _____

Are you 18 years of age or older? Yes _____ No _____

Have you ever been convicted of a crime? Yes _____ No _____ If yes, explain when, where and the nature of the offense _____

Are there any felony charges pending against you now? Yes _____ No _____

If yes, explain _____

Are you authorized to work in the United States? Yes _____ No _____

If hired, when can you start: _____

SCHOOL	NUMBER OF YEARS ATTENDED	NAME OF SCHOOL	CITY/STATE	COURSE
HIGH				
COLLEGE				
OTHER				

PRIOR WORK EXPERIENCE

(Please list your most recent employment first,
use additional space below if necessary to list all prior employers.)

NAME & ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT		TYPE OF WORK DONE	STARTING PAY	FINAL PAY	REASONS FOR LEAVING
	FROM	TO				

BUSINESS REFERENCES

NAME	ADDRESS AND TELEPHONE NO.	OCCUPATION

APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY:

1. Certification of Truthfulness

I certify that all statements on this Application for Employment are made truthfully and without evasion and further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being employed or if employed may result in my dismissal.

2. Authorization for Employment/Education Information

I authorize the references listed in this Application for Employment and any prior employer, educational institution or any other persons or organizations to give this Company any and all information concerning my previous employment/educational accomplishments, disciplinary information or any other pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I hereby waive written notice that employment information is being provided by any person or organization.

3. Employment at Will

If I am hired, in consideration of my employment, I agree to abide by the rules and policies of this Company, including any changes made from time to time, and agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no manager or other representative of the Company, other than the Personnel Director has any authority to enter into any agreement for employment for any specific or indefinite period of time, or to make any agreement contrary to the foregoing. Any such agreement made by the Personnel Director must be made in writing to be effective.

4. Authorization to Work

If I am selected for hire I will be offered employment provided I verify that I am authorized to work as required by the Immigration Reform and Control Act of 1986.

5. Limitation on Claims

I agree that any action or suit against the Company arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes must be brought within 180 days of the event giving rise to the claim or be forever barred. I waive any statute of limitations to the contrary.

6. Need for Accommodation

If I am a handicapper who requires an accommodation to perform the job, I must notify the Company of that need within 182 days after I knew or reasonably should have known that an accommodation was needed. Failure to do so will bar me from alleging that the Company has not accommodated me as required by law.

7. Criminal Records Check

I agree to execute an authorization for this employer to secure criminal conviction history from the appropriate law enforcement agency, should the Company determine it is necessary to do so.

8. Release of Medical Information

I authorize every medical doctor, physician or other healthcare provider to provide any and all information, including but not limited to, all medical reports, laboratory reports, X-rays or clinical abstracts relating to my previous health history or employment in connection with any examination, consultation, test or evaluation. I hereby release every medical doctor, healthcare personnel and every other person, firm, officer, corporation, association, organization or institution, which shall comply with the authorization or request made in this respect from any and all liability. I understand that this release will not be sent to my physician or other health care provider until a job offer has been made.

9. Physical Exam and Drug and Alcohol Testing

I agree to take a physical exam and authorize the Company or its designated agent(s) to withdraw specimen(s) of my blood, urine or hair for chemical analysis. One purpose of this analysis is to determine or exclude the presence of alcohol, drugs or other substances. I understand that decisions concerning my employment will be made as a result of this test.

10. Credit Report

I understand that the Company will request a consumer report or an investigative consumer report, including information as to my character, general reputation, personal characteristics and mode of living for general purposed of evaluating my application for employment. I further understand that I may request in writing from the Company a complete and accurate disclosure of the nature and scope of the investigation requested. I consent to the furnishing of such report to the Company.

11. Consideration for Employment

I understand that my application will be considered pursuant to the Company’s normal procedures for a period of thirty (30) days. If I am still interested in employment thereafter, I must reapply.

I have read and understand items one through eleven above, and acknowledge that with my signature below.

Dated: _____

Applicant’s Signature