



EMPLOYMENT APPLICATION

Name (First Middle Last) _____

Address _____

Telephone - Home _____ Cell _____ Message _____

Emergency Contact _____ Driver's License # _____ State _____

Are you 18 or older? Yes ___ No ___ Are you legally eligible to work in the U.S.A. Yes ___ No ___

What date can you start work? _____ Today's Date _____

What position are you applying for? _____

How did you hear about this position? _____

What is your shift preference? Days _____ Swing _____ Will you work shift work? Yes ___ No ___

Will you work rotating shifts? Yes ___ No ___

Is there a shift you are not willing to work? Yes ___ No ___ If yes, which shift Days _____ Swing _____

Are you willing to work weekends? Yes ___ No ___

Have you ever worked for Herbert Lumber Co. before? Yes ___ No ___

Do you have any current special motor vehicle, operator licenses or trade/craft certificates?

EDUCATION - TRAINING

High School / GED (circle one)

School name _____ City _____ State _____

Number of years completed _____ Did you graduate? Y ___ N ___ Degree or Diploma (circle one)

College / University

School name _____ City _____ State _____

Number of years completed _____ Did you graduate? Y ___ N ___ Degree or Diploma (circle one)

Vocational School

School name _____ City _____ State _____

Number of years completed _____ Did you graduate? Y ___ N ___ Degree or Diploma (circle one)

Military

Branch _____ Job duties _____ Did you receive an honorable discharge? Y ___ N ___

Do you have any other experience, training, qualifications, or skills to bring to our attention?

If yes, please explain _____

EMPLOYMENT HISTORY

Beginning with the most recent or current employer and going back 5 years, fill in the following information. Complete this section even if you have attached a resume.

1. Name of Employer _____ Supervisor _____
Telephone Number _____ Dates of Employment (From) _____ (To) _____
Address - City, state, zip _____
Position & Duties _____
Last rate of pay \$ _____ per _____ (hr / month / yr)
Why did you leave this job? _____

2. Name of Employer _____ Supervisor _____
Telephone Number _____ Dates of Employment (From) _____ (To) _____
Address - City, state, zip _____
Position & Duties _____
Last rate of pay \$ _____ per _____ (hr / month / yr)
Why did you leave this job? _____

3. Name of Employer _____ Supervisor _____
Telephone Number _____ Dates of Employment (From) _____ (To) _____
Address - City, state, zip _____
Position & Duties _____
Last rate of pay \$ _____ per _____ (hr / month / yr)
Why did you leave this job? _____

4. Name of Employer _____ Supervisor _____
Telephone Number _____ Dates of Employment (From) _____ (To) _____
Address - City, state, zip _____
Position & Duties _____
Last rate of pay \$ _____ per _____ (hr / month / yr)
Why did you leave this job? _____

5. Name of Employer _____ Supervisor _____
Telephone Number _____ Dates of Employment (From) _____ (To) _____
Address - City, state, zip _____
Position & Duties _____
Last rate of pay \$ _____ per _____ (hr / month / yr)
Why did you leave this job? _____

Please describe any relevant experience for the position you are applying for.

JOB-RELATED BACKGROUND

- 1. Are you familiar with the job you are applying for and understand the basic physical requirements needed to perform it? Yes ___ No ___
- 2. If your answer above was yes, are you physically able to perform this job safely and without a significant risk of sustainable harm to yourself or others? Yes ___ No ___

Special note/section to applicants with a disability

You may answer “yes” to the question above if you can perform all essential functions of the job with or without reasonable accommodations. The Company will provide reasonable accommodations to a person with a disability(ies). However, you still are not required to identify yourself as a disabled person on this application form.

If you can perform the essential tasks of the job only with an accommodation then please respond to this question. How would you perform the task(s), and with what accommodations(s)?

Answering yes to any of the following questions may not necessarily bar you from employment here.

Were you ever counseled, warned or disciplined for an unsafe work practice or other safety violations in the past year?

Yes ___ No ___ If yes, please explain _____

Did you ever have a “near miss” on the job where you nearly missed being injured or injuring someone else in the past year?

Yes ___ No ___ If yes, please explain _____

Do you ever take any illegal drug(s)?

Yes ___ No ___ If yes, please explain _____

How many days were you absent from work last year? _____

AGREEMENT AND RELEASE

Initial each section after you have read it. When done, sign and date the application.

By signing below, I agree to all the following terms

I certify that the information I have provided on this application and on my resume (if provided) is true to the best of my knowledge.

I understand that if Herbert Lumber Co. determines that I have made any false statements, answers, misrepresentations, and/or omissions of significant information on this application and/or during the hiring process, Herbert Lumber Co. is entitled to reject my application or if hired to terminate my employment.

Initials _____

If I undergo a medical examination or evaluation as part of the job placement process for Herbert Lumber Co., I agree to supply only information that to the best of my knowledge is true. Regarding the examination or evaluation, I understand that if Herbert Lumber Co. determines that I have made any false statements, answers, misrepresentations, and/or omissions of significant information to Herbert Lumber Co. or the physician or to his or her representative, Herbert Lumber Co. is entitled to terminate my conditional or actual employment at any time.

Initials _____

I authorize any person, school, current employer, past employer, physician or organization with knowledge of me or my work to provide Herbert Lumber Co. or its agent or representative with any information or opinion about me in response to any inquiry by Herbert Lumber Co.

Initials _____

I authorize Herbert Lumber Co., or its agent or representative, to check references regarding my employment and investigate any of the statements or answers provided by me on this application or made to a physician or his or her representative (in the event of a medical examination or evaluation). The only exception to this authorization is where I have specifically requested in writing on this application on the date below that no such inquiry be made.

Initials _____

If employed, I agree to conform and comply with all rules, policies and guidelines of Herbert Lumber Co., and hereby acknowledge that my employment at Herbert Lumber Co. is on an "at will" (that is, mutually consent) basis. Therefore, I agree that either I or Herbert Lumber Co. has the proper right to terminate my employment with or without cause at any time.

Initials _____

I have read and understood, and I agree to this entire section above entitled AGREEMENT AND RELEASE.

Signature _____ Date _____