

APPLICATIONS FOR EMPLOYMENT

(ANSWER ALL QUESTIONS - PLEASE PRINT)

DATE OF APPLICATION: _____

POSITION(S) APPLIED FOR: _____

NAME: _____ SOCIAL SECURITY NUMBER: _____

LAST FIRST MIDDLE

CURRENT HOME ADDRESS: _____

CITY: _____ STATE: _____ HOW LONG: _____ YEARS _____ MONTHS

PHONE: (____) _____ - _____ FAX: (____) _____ - _____ EMAIL ADDRESS: _____ @ _____

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES?: YES NO CAN YOU PROVIDE PROOF OF AGE: YES NO

DATE OF BIRTH _____ / _____ / _____ HAVE YOU EVER BEEN CONVICTED OF A FELONY?: YES NO

OPTIONAL (REQUIRED FOR COMMERCIAL DRIVER)

IF YES, PLEASE EXPLAIN? _____

HAVE YOU WORKED FOR LUMBER YARD SUPPLY BEFORE?: YES NO WHERE?: _____

DATES FROM: _____ / _____ / _____ TO: _____ / _____ / _____ RATE OF PAY: \$ _____ / HOUR POSITION: _____

REASON FOR LEAVING: _____

ARE YOU CURRENTLY EMPLOYED?: YES NO IF NO, HOW LONG SINCE LEAVING LAST EMPLOYMENT?: _____ YEARS _____ MONTHS

WHO REFERRED YOU?: _____ RATE OF PAY EXPECTED: \$ _____ / HOUR

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED ABOVE?: YES NO

IF YES, EXPLAIN IF YOU WISH: _____

EDUCATION:

HIGH SCHOOL: _____

CITY: _____ STATE: _____ DID YOU GRADUATE: YES NO

IF YES, GRADUATION DATE: _____ IF NO, WHAT WAS THE HIGHEST GRADE COMPLETED?: _____

TECHNICAL/BUSINESS SCHOOL: _____

CITY: _____ STATE: _____ DATES ATTENDED: _____

DEGREE EARNED/CERTIFICATES: _____

COLLEGE: _____

CITY: _____ STATE: _____ DATES ATTENDED: _____

DEGREE EARNED/MAJOR: _____

(PLEASE TURN OVER)

IN COMPLIANCE WITH FEDERAL AND STATE EQUAL EMPLOYMENT OPPORTUNITY LAWS, QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, OR NON-JOB RELATED DISABILITY.

LUMBER YARD SUPPLY IS AN EQUAL OPPORTUNITY EMPLOYER



GREAT FALLS
1.800.823.9273
BILLINGS SPOKANE
1.888.257.0202 1.800.775.1427
An Employee Owned Company
Quality Products; Dependable Service

ALL APPLICANTS MUST PROVIDE THE FOLLOWING INFORMATION ON ALL EMPLOYERS DURING THE PRECEDING 3 YEARS.
LIST COMPLETE MAILING ADDRESS, STREET ADDRESS, CITY, STATE, AND ZIP CODE.

MOST CURRENT EMPLOYER			DATE	
Name:			From:	To:
Address:			Mo. Yr.	Mo. Yr.
City:	State:	Zip:	Position:	
Contact Person:	Phone Number: () -		Salary: \$ /Hour	
Reason For Leaving:				

EMPLOYER			DATE	
Name:			From:	To:
Address:			Mo. Yr.	Mo. Yr.
City:	State:	Zip:	Position:	
Contact Person:	Phone Number: () -		Salary: \$ /Hour	
Reason For Leaving:				

EMPLOYER			DATE	
Name:			From:	To:
Address:			Mo. Yr.	Mo. Yr.
City:	State:	Zip:	Position:	
Contact Person:	Phone Number: () -		Salary: \$ /Hour	
Reason For Leaving:				

ADDITIONAL COMMENTS OR TALENTS YOU CAN BRING TO OUR COMPANY:

TO BE READ AND SIGNED BY APPLICANT

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. I AUTHORIZE YOU TO MAKE SUCH INVESTIGATIONS AND INQUIRIES OF MY PERSONAL, EMPLOYMENT, FINANCIAL OR MEDICAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. (GENERALLY, INQUIRIES REGARDING MEDICAL HISTORY WILL BE MADE ONLY IF AND AFTER CONDITIONAL OFFER OF EMPLOYMENT HAS BEEN EXTENDED.) I HEREBY RELEASE EMPLOYERS, SCHOOLS, HEALTH CARE PROVIDERS AND OTHER PERSONS FROM ALL LIABILITY IN RESPONDING TO INQUIRIES AND RELEASING INFORMATION IN CONNECTION WITH MY APPLICATION. IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE.

I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF LUMBER YARD SUPPLY COMPANY.

TODAY'S DATE

APPLICANT'S SIGNATURE



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