

SUPERIOR LUMBER, INC

CHARLES CITY ~ NEW HAMPTON ~ CLEAR LAKE

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) applied for Location Date of Application

How did you learn about us?

Advertisement Relative Inquiry
 Employment Agency Friend Other _____

Last Name First Name Middle Initial

Address City State Zip Code

Telephone Number(s) Social Security Number (voluntary)

E-mail Address

Best time to contact you is: _____ a.m. _____ p.m.

If you are under 18yrs. of age, can you provide required proof of your eligibility to work? YES NO

Have you ever filed an application with us before? YES NO

If yes, please give date _____

Have you ever been employed with us before? YES NO

If yes, please give date _____

Do any of your friends or relatives, other than spouse, work here? YES NO

Are you currently employed? YES NO

If yes, may we contact your employer? YES NO

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. YES NO

Date available for work ___/___/___

What is your desired salary range? _____

Are you available to work: ___ Full-Time
___ Part-Time
___ Temporary

(please indicate mornings, afternoons, evenings)
(please indicate dates available ___/___/___ - ___/___/___)

Are you currently on "lay-off" status and subject to recall? ___ YES ___ NO

Can you travel if a job requires it? ___ YES ___ NO

EDUCATION

	Name & address Of school	Course of Study	Number of Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

Describe any specialized apprenticeship or military training, skills and abilities that might be helpful to the position for which you are applying.

Have you ever plead "guilty" or "no contest" to, or been convicted of a crime? ___ YES ___ NO
If yes, please provide date(s) & details

Answering "yes" does not constitute an automatic bar of employment. Factors such as the date and nature of the crime, rehabilitation and the requirements of the position applied for will be taken into account.

Drivers license number required if driving of Company vehicles may be required in the job for which you are applying:

State: _____ Expiration Date: _____

Have you ever been bonded? ___ YES ___ NO

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	Employer	Dates employed From / To	Work performed
	Address	/	
	Telephone Number(s)	Hourly Rate / Salary Starting / Final	
	Job Title Supervisor	/	
	Reason for Leaving		
2	Employer	Dates employed From / To	Work performed
	Address	/	
	Telephone Number(s)	Hourly Rate / Salary Starting / Final	
	Job Title Supervisor	/	
	Reason for Leaving		
3	Employer	Dates employed From / To	Work performed
	Address	/	
	Telephone Number(s)	Hourly Rate / Salary Starting / Final	
	Job Title Supervisor	/	
	Reason for Leaving		
4	Employer	Dates employed From / To	Work performed
	Address	/	
	Telephone Number(s)	Hourly Rate / Salary Starting / Final	
	Job Title Supervisor	/	
	Reason for Leaving		

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and office held.

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job- related skills and qualifications acquired from previous employment or other experience.

Specialized Skills

Check all that apply

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Productions / Mobile Machinery / Other
<input type="checkbox"/> PC/ MAC	<input type="checkbox"/> Word Processing	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____
WPM _____	WPM _____	

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without reasonable accommodations, the activities involved in the job or occupation for which you have applied. A review of the activities involved in such a job or occupation has been given. YES NO

References

1. Name _____ Phone Number _____
Address _____
2. Name _____ Phone Number _____
Address _____
3. Name _____ Phone Number _____
Address _____
4. Name _____ Phone Number _____
Address _____

Applicants Statement

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application fro employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered beyond that time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means the employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood the "at will" employment relationship may not be changed by Any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this company.

In the event of employment, I understand that false or misleading information given in this application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date