



Application for Employment

Date: _____

About You:

First Name Middle Name Last Name

Driver's License Number Social Security Number

Daytime Phone Evening Phone E-mail Address

Alias or Past Names (Please include maiden name, if applicable)

Current Residence (Past 1-5 Years)

Address City State Zip Code

Past Residence(s)

_____ to _____
Start Date End Date

Address/City/State/Zip Code

Position Applying For:

Full -Time Part-Time Seasonal

Date Available to Start: _____ Is it okay to call you at your present workplace? Yes No

Pay Expected: _____ Resume Attached: Yes No

Are there hours/shifts/days you cannot or will not work? Yes No

If Yes, Explain: _____

Are You:

Over 18 Years Old Yes No

A previous applicant Yes No

A previous employee Yes No

Legally able to work in the US Yes No

Able to make it to work using reliable transportation Yes No

List relatives employed by Williams Lumber _____

How did you find us?

Advertisement Name of Publication _____

Referral from Employee Name Of Employee _____

Internet Website URL/Website Name _____

Other: _____

Your Work Experience (list in order with most recent first)

Employer 1	_____ / / _____ to _____ / / _____ Name Start Date End Date
	_____ Phone _____ Salary Address
	_____ Supervisor _____ May we Contact? Yes <input type="radio"/> No <input type="radio"/> Job Title
	Reason For Leaving

Employer 2	_____ / / _____ to _____ / / _____ Name Start Date End Date
	_____ Phone _____ Salary Address
	_____ Supervisor _____ May we Contact? Yes <input type="radio"/> No <input type="radio"/> Job Title
	Reason For Leaving

Employer 3	_____ / / _____ to _____ / / _____ Name Start Date End Date
	_____ Phone _____ Salary Address
	_____ Supervisor _____ May we Contact? Yes <input type="radio"/> No <input type="radio"/> Job Title
	Reason For Leaving

Employer 4	_____ / / _____ to _____ / / _____ Name Start Date End Date
	_____ Phone _____ Salary Address
	_____ Supervisor _____ May we Contact? Yes <input type="radio"/> No <input type="radio"/> Job Title
	Reason For Leaving

Employer 5	_____ / / _____ to _____ / / _____ Name Start Date End Date
	_____ Phone _____ Salary Address
	_____ Supervisor _____ May we Contact? Yes <input type="radio"/> No <input type="radio"/> Job Title
	Reason For Leaving

Please Read Carefully

If you have any questions regarding the application, this statement, or have need of special assistance in regards to applying for this position, please see the Human Resources Director.

This Organization does not discriminate in hiring on basis of race, color, religion, sex, national origin, disability, veteran status, or your membership in any protected class under law of this jurisdiction. This application does not intend to ask questions that would provide information that could be used for discrimination.

Your application will be given the consideration it deserves; however, completing an application does not imply that you will be offered employment. By signing your name below, you understand that nothing contained in this application or any information gained or discussed during this interview process creates an employment contract between you and this Organization. Should this application and the process surrounding this application result in your employment, you have the right to terminate your employment at any time and for any reason.

When processing this application, this Organization may request a criminal, police or credit background check about you. In addition to background checks, this Organization may contact past employers, supervisors and/or any other person listed in this application regarding the statements made herein and your suitability for employment. This inquiry may include request to disclose information as to your general character, reputation and work-related characteristics. You have the right to make a written request to the Human Resources Department of this Organization to disclose to you the content of these reports.

Also note that should you become employed by this Organization, this Organization may use outside agents or representatives to perform investigations surrounding any claim of wrongdoing including sexual harassment, theft or fraud.

By signing your name, you certify that all statements made by you on this application are true and complete to the best of your knowledge and that any misrepresentations or omissions by you may be the cause for rejection of your application, or may be cause for subsequent dismissal if you are hired.

Signature Of Applicant _____ **Date** _____

Internal Office Use			
References			
Date _____	Organization _____	Contact _____	
Information Obtained or Verified _____			
Date _____	Organization _____	Contact _____	
Information Obtained or Verified _____			
Date _____	Organization _____	Contact _____	
Information Obtained or Verified _____			
Date _____	Organization _____	Contact _____	
Information Obtained or Verified _____			
Criminal Background Check Performed		Yes <input type="radio"/>	No <input type="radio"/>
		Date _____	
Type Of Check _____			
Eligible for Hire		Yes <input type="radio"/>	No <input type="radio"/>
Position Title _____	Location _____	Start Date _____	
Hiring Rate _____	Dept _____	W/C Code _____	