



Bloedorn Lumber Company

APPLICATION FOR EMPLOYMENT

Date _____

Name _____
Last First Middle or Initial

Present Address _____
Street City State Zip

Social Security No. _____ Telephone No. _____

Are you legally eligible for employment in the U.S.A.? Yes _____ No _____ (If yes, verification is required.)

Are you of the legal age to work? _____

Position(s) applied for: _____ Branch: _____

Have you previously been employed by Bloedorn Lumber Company? _____ If yes, when? _____

If your application is considered favorable, on what date will you be available for work? _____ 20____

Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? (Applicant should not list any information that Federal and/or State law preclude obtaining in the pre-employment stage.) _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Did You Graduate?	List of Diploma or Degree
High School	_____			<input type="checkbox"/> Yes	
	_____			<input type="checkbox"/> No	

College	_____			<input type="checkbox"/> Yes	
	_____			<input type="checkbox"/> No	

Graduate School	_____			<input type="checkbox"/> Yes	
	_____			<input type="checkbox"/> No	

Other (Specify)	_____			<input type="checkbox"/> Yes	
	_____			<input type="checkbox"/> No	

List below present and past employment, beginning with most recent

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work performed:							
Telephone								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work performed:							
Telephone								

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	Mo.	Yr.	Mo.	Yr.				
	Describe the work performed:							
Telephone								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work performed:							
Telephone								

I, _____, hereby give permission to contact the employers listed above concerning my prior work experience.

Signed: _____ Date: _____

If there is a particular employer(s), you do not wish us to contact, please indicate which one(s):

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in a writing signed by an officer.

Applicant Signature

Date

To Applicant: READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS IN THIS BLOCKED-OFF AREA.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, creed, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to credit data. DO NOT ANSWER ANY QUESTION CONTAINED IN THIS BLOCKED-OFF AREA UNLESS THE EMPLOYER HAS CHECKED THE BOX NEXT TO THE QUESTION, thereby indicating that for the position for which you are applying the requested information is needed for a legally permissible reason, including, without limitation, national security requirements, affirmative action, a bona fide occupational qualification or business necessity.

Previous address _____
No. Street City State Zip

Are you over the age of eighteen? _____ If no, hire is subject to verification that you are of minimum legal age.

Sex: M _____ F _____

Height: _____ ft. _____ in.

Weight: _____ lbs.

Are you a citizen of the U.S.A.? _____

Were you in U.S. Armed Forces? Yes _____ No _____ If yes, what Branch? _____

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for? (If yes, describe.) _____

 Are you a Vietnam veteran? _____

Are you eligible to be bonded? _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, in the past seven years which has not been annulled or expunged or sealed by a court? _____ If yes, describe in full:

Conviction of a crime will not be an absolute bar to employment.

You have been given a written job description listing the essential job functions of the position(s) for which you have applied. Please review the job description(s) and answer the following question; Are you able to perform each of the essential job functions listed for each position for which you have applied? _____

If no, list the function(s) you are unable to perform and explain why you are unable to perform them:

Employer may list other bona fide occupational questions on lines below:

AUTHORIZATION FOR MOTOR VEHICLE AND CONSUMER CREDIT REPORTS

As a condition for consideration of employment with “Bloedorn Lumber Company”, I, the undersigned, do hereby authorize “Bloedorn Lumber Company” and/or its affiliates, to whom an application for employment is being or has been submitted, to obtain a “Motor Vehicle Report” (MVR Report) from its insurance carrier as well as a personal “Consumer Credit Report”.

The undersigned understand that the above mentioned reports will become a permanent part of his/her personnel file.

Signature: _____ **Date:** _____

APPLICANT – DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

FOR INTERVIEWER’S USE

INTERVIEWER	DATE	COMMENTS

REFERENCE CHECK

*Position Number	RESULTS OF REFERENCE CHECK	*Position Number	RESULTS OF REFERENCE CHECK
I		IV	
II		V	
III		VI	

FOR OFFICE USE ONLY

POSSIBLE WORK LOCATIONS	POSSIBLE POSITIONS

FOR OFFICE USE ONLY

WORK LOCATION	RATE
POSITION	DATE