



Application For Employment

As an Equal Opportunity Employer, we base employment decisions on job-related information. All legal requirements pertinent to fair employment practices are complied with by our Company.

(Please Print)			Date of Application		
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip
Telephone Number(s)					

How Did You Learn About Us?					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Our Web Page		
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____			
For what Type of position are you applying?			Salary Expected		
			\$ _____		

On what date would you be available for work?	Type of employment desired:		
	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Edu/Co-Op
Have you filed an application here before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date _____
Have you ever been employed here before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date _____
Are you 18 years of age or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you on layoff, subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will you work overtime as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will you travel if job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you been convicted of a felony within the last 7 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(Conviction will not necessarily disqualify an applicant from employment.)			
If yes, explain _____			
Are you legally eligible for employment in this country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(Proof of US citizenship or immigration status will be required upon employment)			

Education

List ALL schools attended	Name and Address of School	No. of Years Completed	Did you graduate?		Degree	High School Courses
			Yes	No		
High/Prep Schools			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
Colleges/Universities			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
Other Education			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

Do you plan to further your education?

Yes

No

If so, when? _____

Skills and Qualifications

✓	Special Training or Instruction _____ _____
✓	Special Skills or Equipment _____ _____
✓	Subjects of Special Study or Research _____ _____
✓	Please indicate any other information you think would be helpful in considering you for employment with our company (additional education, experience, activities, accomplishments, specific skills) _____ _____ _____

US Military Status and Record

If you have a pending military obligation, what are your plans for completing it?

Branch of Service	Active Duty Dates		Rank Held		Nature of Duties:
	From Mo/Yr	To Mo/Yr	Entry	Release	

What specialized training did you receive?

Do you have a reserve or National Guard obligation?

Yes

No

If so, please describe _____

References

Give name, address and phone number of three references not related to you, and who are not previous supervisors

Name & Occupation	Address	Phone Number

Employment History

Beginning with your present or last employer, list all full-time or part-time positions

Company Name	Telephone
Address	Employed (State, Month and Year)
Name of Supervisor	Weekly Pay Start Last
State Job and Title and Describe Your Work	Reason for Leaving

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If more than three previous employers, list others here.

Employment Dates		Company and Address	Position or Type of Work	Reason For Leaving
From	To			

Comments (including explanation of any gaps in employment)

May we contact the employers listed above? Yes No If no, indicate below which one(s) you do not wish us to contact.

Pre-Employment Statement – Read Carefully Before Signing

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at any employment decision. I understand that any false answers or statements or misleading omissions made by me on this application, in connection with the investigation of this application, can be sufficient grounds for my rejection as a candidate for the employment or immediate discharge.

I authorize all my current or previous employers, educational institutions, and other references listed above to furnish to the employer and its agents any information, whether or not it is in their records, regarding my employment, educational record, personal character, or work or personal habits. I release all such persons or organizations from any and all liabilities or damages whatsoever from furnishing any of the above information.

I understand that Barry County Lumber Company requires pre-employment drug testing. I further understand that failure to consent to the urine drug screen will be considered withdrawal of my application for employment. I also understand that if the test discloses the presence of any one or more of the tested drugs, I will be denied employment. I authorize the laboratory utilized by Barry County Lumber’s physician(s) to release the results of this drug screen to the authorized representative of the Company and understand the results and findings of the drug screen will not be released by the Company to any person or agency unless compelled to do so by judicial process in the case of law enforcement officials.

I agree and understand that any employment offer is conditional until such time as the results of my reference checks and medical examination, if any, are known.

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

Under Michigan law, handicapped employees and applicants may request an accommodation of their handicap by notifying the Company in writing of the need for accommodation within 182 days of the date the handicapper knows or should know that an accommodation is needed. Failure to properly notify the Company will preclude any claim that the employer failed to accommodate the handicapper.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event 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 regulation of the employer.

Signature of Applicant

Date

Do Not Write Below This Line

Arrange Interview	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Remarks	_____			
				Interviewer
				Date
Employed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Employment: _____	
Job Title	_____	Hourly Rate/Salary	_____	Department _____
By	_____			_____
Name and Title				Date

Notes: _____

