

Application for Employment

MARKS LUMBER
30 LUMP GULCH
CLANCY, MT
933-5794 PHONE, 933-9143 FAX

Please Complete Each Item (Print)

Date of Application ____ / ____ / ____

A. NAME: _____
(Last) (First) (Middle)

B. RESIDENCE:

1. Present address: _____
(Street) (City) (State) (Zip Code)

2. Telephone: _____ Cell Phone: _____

C. PERSONAL DATA:

- Are you age 18 or older? YES NO
- In case of emergency, please notify:
 - Name: _____
 - Address: _____
 - Telephone: _____
- Citizenship:
Will you be able to provide proof of identity and employment eligibility if hired? YES NO
- For Truck Driving Jobs Only: Do you have a drivers license? YES NO
License # _____ Class: _____
- Have you ever been convicted of any crime for which you were fined \$100 or more and/or confined in jail for more than one day within the past seven years? (NOTE: A conviction record will not necessarily ban an applicant from employment.) YES NO
If yes, please describe: _____

D. EDUCATIONAL AND TRAINING BACKGROUND:

- Circle the highest grade completed: Grade 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4 5
- Name of High School: _____ Did you Graduate? YES NO
Name of College: _____ Did you Graduate? YES NO
College Major: _____ Course of Study: _____
- Graduate Work: _____
- Apprentice or Trade School Training: _____
(Subject) (School or Company)
(Years/Months) (Year Completed)
- Correspondence Training: _____
(Subject) (School)
(Years/Months) (Year Completed)
- Armed Forces or Other Training: _____
(Subject) (School)
(Years/Months) (Year Completed)
- First Aid Certificates:
 - Cardiopulmonary Resuscitation (CPR), Date on Card: _____
 - Standard First Aid Training, Date on Card: _____
 - Emergency Medical Technician (EMT), Date on Card: _____

Dates verified by: _____
(Name)

E. REFERENCES: (Names of three people not related to you, whom you have known at least one year)

- Name: _____ City: _____ Phone: _____ Years Known: _____
- Name: _____ City: _____ Phone: _____ Years Known: _____
- Name: _____ City: _____ Phone: _____ Years Known: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

F. EMPLOYMENT DESIRED:

1. Positions Desired (preference order): a. _____
b. _____ c. _____
Regular: YES NO Temporary: YES NO Part-Time: YES NO
If seeking temporary employment only, when would you expect to terminate? _____
Date you can start? _____ Salary or wage desired: _____
2. Are you willing to accept odd (nights, graveyard or weekend) or rotating shift hours? YES NO
3. Are you employed now? YES NO May we inquire of your present employer? YES NO
4. Ever applied to this Company before YES NO If yes, when and where? _____
5. May we inquire of any of your past employers? YES NO

G. EMPLOYMENT HISTORY:

1. Have you worked for this Company previously? YES NO If yes, give dates: _____
Job or jobs: _____ Reason for leaving: _____
2. Other employment:
 - a. Current or last employer: _____
(_____) _____
(Telephone) (Street) (City) (State) (Zip) (Wage or Salary)
Duties/Responsibilities: _____
From: ___/___/___ To: ___/___/___ Supervisor: _____
Nature of Work: _____ Reason for leaving: _____
 - b. Next previous employer: _____
(_____) _____
(Telephone) (Street) (City) (State) (Zip) (Wage or Salary)
Duties/Responsibilities: _____
From: ___/___/___ To: ___/___/___ Supervisor: _____
Nature of Work: _____ Reason for leaving: _____
 - c. Next previous employer: _____
(_____) _____
(Telephone) (Street) (City) (State) (Zip) (Wage or Salary)
Duties/Responsibilities: _____
From: ___/___/___ To: ___/___/___ Supervisor: _____
Nature of Work: _____ Reason for leaving: _____

H. PAST EXPERIENCE:

I have performed the following jobs for which I am presently qualified: (List in order of skill)

- | Job | How Long Performed | For Whom |
|----------|--------------------|----------|
| a. _____ | _____ | _____ |
| b. _____ | _____ | _____ |
| c. _____ | _____ | _____ |

PLEASE REVIEW THIS FORM AND MAKE SURE THAT YOU ANSWERED EACH ITEM

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I GIVE PERMISSION TO HAVE MY REFERENCES CHECKED. IF EMPLOYED, I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. I UNDERSTAND THAT IF I AM EXTENDED AN OFFER OF EMPLOYMENT IT MAY BE CONDITIONED UPON MY SUCCESSFULLY PASSING A COMPLETE PRE-EMPLOYMENT PHYSICAL EXAMINATION. I CONSENT TO RELEASE OF ANY OR ALL MEDICAL INFORMATION AS MAY BE DEEMED NECESSARY TO JUDGE MY CAPABILITY TO DO WORK FOR WHICH I AM APPLYING. I AGREE TO COMPLY WITH THE EMPLOYER'S SUBSTANCE ABUSE PROGRAM, INCLUDING DRUG AND/OR ALCOHOL TESTING AS MAY BE REQUIRED.

Date: _____ Applicant's Signature: _____