

LUMBER KING, INC.

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Lumber King, Inc. considers all applications for employment without regard to race, color, religion, sex, national origin, age, disability, genetic information, citizenship, veteran status, or any other legally protected status in accordance with federal law. In addition, Lumber King, Inc. complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities.

PLEASE PRINT

Position(s) applied for _____ Date of Application _____

How Did You Learn About Us?

Advertisement Friend Walk-In Employment Agency Relative Other

Last Name _____ First Name _____ Middle Name _____

Address _____
(Number) (Street) (City) (State) (Zip Code)

Telephone Number(s) _____ Social Security Number _____

If you are under 18 years 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 _____

Are you currently employed? Yes No May we contact your present employer? Yes No

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, all offers of employment are subject to verification of each applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.

Are you authorized to work for all employers in the United States on a full-time basis, or only for your current employer? All employers Current employer only

On what date would you be available to work? _____

Are you available to work? Full Time Part Time Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

State name(s) of any relative(s) in our employment and your relationship to them: _____

Have you ever been convicted of a crime? Yes No (A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law). If yes, state nature of offense, when, where and disposition. _____

EDUCATION:

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities that are relevant to the position for which you have applied.

MILITARY SERVICE RECORD:

Have you ever served in the U.S. Armed Forces? Yes No: List duties in the Service, including special training that is relevant to the position for which you have applied. _____

ADDITIONAL INFORMATION:

Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience that are relevant to the position for which you have applied.

SPECIALIZED SKILLS: Check Skills/Equipment Operated

Fax PC Calculator Typewriter Word Perfect Excel

Production/Mobile Machinery (list) _____

Other (list) _____

Are there any other experiences, skills, or abilities that you feel especially qualify you to work with our company? _____

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

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached: Yes No

PLEASE LIST THREE PERSONAL / PROFESSIONAL REFERENCES OTHER THAN RELATIVES:

1. _____
(Name) (Address) (Daytime Telephone #)
2. _____
(Name) (Address) (Daytime Telephone #)
3. _____
(Name) (Address) (Daytime Telephone #)

EMPLOYMENT RECORD:

List in order, last or current employer first. Account for any gaps in your employment. Attach sheet if more space is needed.

Must list the complete mailing address: street number and name, city, state and zip code.

1. Employer _____
Address _____ Telephone Number _____
Job Title _____ Supervisor _____
Dates Employed: From _____ To _____ Hourly Rate/Salary: Starting _____ Final _____
Work Performed _____
Reason for Leaving _____
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

2. Employer _____
Address _____ Telephone Number _____
Job Title _____ Supervisor _____
Dates Employed: From _____ To _____ Hourly Rate/Salary: Starting _____ Final _____
Work Performed _____
Reason for Leaving _____
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

3. Employer _____
Address _____ Telephone Number _____
Job Title _____ Supervisor _____
Dates Employed: From _____ To _____ Hourly Rate/Salary: Starting _____ Final _____
Work Performed _____
Reason for Leaving _____
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

4. Employer _____
Address _____ Telephone Number _____

Job Title _____ Supervisor _____
Dates Employed: From _____ To _____ Hourly Rate/Salary: Starting _____ Final _____
Work Performed _____
Reason for Leaving _____
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE
DATES (MONTH/YEAR) AND REASON. _____

5. Employer _____
Address _____ Telephone Number _____
Job Title _____ Supervisor _____
Dates Employed: From _____ To _____ Hourly Rate/Salary: Starting _____ Final _____
Work Performed _____
Reason for Leaving _____
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE
DATES (MONTH/YEAR) AND REASON. _____

List professional, trade, business or civic activities and offices held that are relevant to the position for which you have applied. (You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status).

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. Any misrepresentations or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or if employed, termination from Lumber King, Inc. employment. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any 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. It is further understood that this "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 organization.

In the event of 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 regulations of the employer.

I hereby authorize Lumber King, Inc. to thoroughly investigate my references, work records, education and other matters related to my suitability for employment, and further, authorize my current and former employers to disclose to the company any and all letters, reports including a statement of the reason for the termination of my employment, work performance abilities, and other qualities pertinent to my qualifications for employment and other information pertaining to my employment with them without giving me prior notice of such disclosure. In addition, I hereby release Lumber King, Inc., my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that if offered employment, the offer may be contingent on my passing a pre-employment alcohol and drug screen and a pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen and pre-employment physical upon request. I also agree, if employed, to submit to a medical examination at any time at the company's request. I hereby consent to having the results of any post-offer pre-employment or post-employment medical exams I may be required to take disclosed to Lumber King, Inc. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of Lumber King, Inc. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to Lumber King, Inc. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer.

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to

secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

My signature below certifies that I have read, understand and agree to the terms and conditions outlined in this application.

Applicant's Signature _____ Date _____

In the event that the position may include driving, even if it is occasionally,

I, _____ give Lumber King, Inc. and/or Lumber King, Inc.'s insurance company permission to obtain a Motor Vehicle Report, for the purpose of checking my driving record.

STATE	DRIVER'S LICENSE NUMBER:	TYPE	EXPIRATION DATE

Have you ever been denied a driver license or had one suspended or revoked? ___Yes ___No

If yes, explain _____

Have you had any violations in the past three years? ___Yes ___No

If yes, explain _____

Have you had any accidents in the past three years? ___Yes ___No

If yes, explain _____

Applicant's Signature _____

Date _____

FOR PERSONNEL DEPARTMENT ONLY

Arrange Interview ___Yes ___NO

Remarks: _____

Interviewer: _____ Date _____

Employed: Yes No

Date of Employment: _____

Job Title: _____

Hourly Rate/Salary: _____

Department/Location _____

Employed By: _____

Date: _____

Notes _____

Position(s) Applied For Is Open: Yes No

Position(s) Considered
For: _____

Date: _____

Notes: