

SPRING LAKE PARK LUMBER EMPLOYMENT APPLICATION

PLEASE PRINT		Today's Date: _____	
_____ <i>First Name</i>	_____ <i>MI</i>	_____ <i>Last Name</i>	_____ <i>Preferred Name/Nickname</i>
_____ <i>Street Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip Code</i>
_____ <i>Phone</i>	_____ <i>Alternate/ Phone</i>	_____ <i>Email Address</i>	

PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION			
Are you interested in:	___ Full Time	___ Part Time	___ Temporary
What schedules would you prefer?	___ Weekdays	___ Weekends	___ Evenings ___ Nights
How did you hear about us?	Walk In	Referral	Advertisement Other:
	Name:	Where:	
If under the age of 18, please list age	_____		
Desired Pay:	Hourly Pay (Minimum, if applicable)	\$ _____	Annual Pay Minimum
		\$ _____	\$ _____ Desired
When are you able to start work?	Date: _____		
Position desired:	_____		

PLEASE CHECK YES OR NO TO THE FOLLOWING:	
Are you authorized to work in the United States?	___ Yes ___ No
<p>Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Spring Lake Park Lumber will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the 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.</p>	
Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation?	___ Yes ___ No

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

PLEASE LIST YOUR WORK EXPERIENCE BELOW (PAST FIVE YEARS BEGINNING WITH YOUR MOST RECENT JOB HELD. IF YOU WERE SELF-EMPLOYED, GIVE FIRM NAME)

May we contact your present employer? Yes No

FROM ____ / ____ Month Year	COMPANY NAME			YOUR POSITION and TITLE
TO ____ / ____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
PAY OR SALARY START FINAL	TYPE OF BUSINESS			
	TELEPHONE NUMBER ()	TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	REASON FOR LEAVING (BE SPECIFIC)	
BRIEFLY DESCRIBE YOUR MAJOR DUTIES, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS DURING YOUR TIME				

FROM ____ / ____ Month Year	COMPANY NAME			YOUR POSITION and TITLE
TO ____ / ____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
PAY OR SALARY START FINAL	TYPE OF BUSINESS			
	TELEPHONE NUMBER ()	TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	REASON	
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FROM ____ / ____ Month Year	COMPANY NAME			YOUR POSITION and TITLE
TO ____ / ____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
PAY OR SALARY START FINAL	TYPE OF BUSINESS			
	TELEPHONE NUMBER ()	TERMINATION ____ VOLUNTARY ____ INVOLUNTARY		REASON
BRIEFLY DESCRIBE YOUR MAJOR DUTIES, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS DURING YOUR TIME				

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of Issue _____ Expiration Date _____

Operator Commercial (CDL) Chauffeur

Have you had any accidents during the past three years? Yes No If yes, how many? _____

Have you had any moving violations during the past three years? Yes No If yes, how many? _____

EDUCATION:

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

PROFESSIONAL DESIGNATIONS:

DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED
DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED

PROFESSIONAL LICENSES:

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER

REFERENCES: Please list two references other than relatives or previous employers

NAME	RELATIONSHIP	COMPANY/POSITION	PHONE/ALTERNATE PHONE

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Temporary/Contract Employment: If employed as a temporary or contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

SIGNED:**DATE:**