

G.W. Smith Lumber Company

Employment Application Form

Application Date _____

Interview Date _____

General Information

Last Name _____

First Name _____

Initial _____

Social Security No. _____

Address _____

Home Telephone _____

City, State, Zip _____

Message Telephone _____

Position Applied For _____

Salary Desired _____

Date Available _____

Hours Available _____

FULLTIME PARTIME TEMPORARY PERMANENT

Are you able to perform the essential job functions of the position you are applying with or without reasonable accommodations? YES NO

If hired, will you be able to work overtime?

YES NO

Are you at least 18 years of age?

YES NO

If under 18, do you have a work permit?

YES NO

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by court? A yes response does not automatically disqualify your application. If yes, please explain. YES NO

Education Information

School _____

Address _____

Major Studies _____

Degree, Diploma, License or Certificate (list type and date)

High School _____

Vocation/Business/Other _____

College/university _____

College/university _____

Graduate _____

Other Special Knowledge, Skills & Qualifications (list any construction or manufacturing equipment, office skills, technical equipment or training)

Military Service (list dates, ranks and training)

For Clerical Applicants Only:

Do you type? NO YES: _____ WORDS PER MINUTE

Computer Skills (hardware/software)

Employment History

List all employers, starting with the most recent position. All information must be completed. You may attach a resume, but not in place of completing the required information.

Most Recent Employer Is this your current employer? NO YES May we contact this employer for references? NO YES

Employed From Employed To Job Title Starting Salary Ending Salary

Employer Name Employer Address Supervisor's Name Supervisor's Phone

Job Duties and Responsibilities

Reason for Leaving

Next Most Recent Employer

Employed From Employed To Job Title Starting Salary Ending Salary

Employer Name Employer Address Supervisor's Name Supervisor's Phone

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Other Information

Volunteer Activities (list organization, type of service, dates)

Hobbies, Interests (optional)

Certification and Authorization

The above information is true and correct.

I authorize the Company to inquire into my education, past employment history, and references as needed to research my qualifications for this position.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for the completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date