APPLICATION FOR EMPLOYMENT(Equal Opportunity Employer)

Lumber Mart, Inc.

GENERAL

NAME		
ADDRESS		
TELEPHONE () SOCIAL SECURITY #		
DATE AVAILABLE FOR EMPLOYMENT		
If employed and under 18, can you furnish a work permit?	☐ Yes	☐ No
Have you ever been employed by this company?	☐ Yes	☐ No
Are you employed now?	☐ Yes	☐ No
May we contact your present employer?	Yes	☐ No
If yes, give name:		
Are you prevented from lawfully becoming employed in this country because of visa or immigration status?		☐ No
Type of work desired:		
If applying for a position where driving is required, do you have a valid driver's license in this state? License #	☐ Yes	□ No
Can you perform the essential functions of the job(s) for which you are applying?	☐ Yes	☐ No
Are you available to work	ER-TIME	
Have you been convicted of a felony? (Please note that a "Yes" answer will not bar you from consideration for employment.)	☐ Yes	☐ No
If yes, please explain:		

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws. This company will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of the job.

EDUCATION Secondary College Graduate Elementary Years Completed 4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4 Course of Study SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS: Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking: REFERENCES: List three(3) non-relatives who are familiar with your qualification, work history, and ability. Name Occupation/Relationship Years Known Telephone EMPLOYMENT EXPERIENCE: Employer_____ Supervisor's Name____ Address______ Your Job Position_____ Telephone Number______ Employed from_____ (mo / yr)to_____ (mo / yr) Your Salary: Starting/Ending______ Duties_____ What did you like most about your job?_____ Reason for Leaving

Employer	Supervisor's Name		
Address	Your Job Position		
Telephone Number	Employed from	(mo / yr)to	(mo / yr)
Your Salary: Starting/Ending	Duties		
What did you like most about your job?			
Reason for Leaving			
************************************			**********
Employer	Supervisor's Name		
Address	Your Job Position		
Telephone Number	Employed from	(mo / yr)to	(mo / yr)
Your Salary: Starting/Ending	Duties		
What did you like most about your job?			
Reason for Leaving			
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Employer	Supervisor's Name		
Address	Your Job Position		
Telephone Number	Employed from	(mo / yr)to	(mo / yr)
Your Salary: Starting/Ending	Duties		
What did you like most about your job?			
Reason for Leaving			

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. Be signing below, I authorize **Lumber Mart** to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

If hired I will be responsible for familiarizing myself with all rules and regulations of **Lumber Mart** as they presently exist or are later modified. *If hired, I understand my employment can be terminated, at the discretion of* **Lumber Mart** *or at my option, without notice, at any time and for any reason.*

I also understand that no representative of **Lumber Mart** has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the president of **Lumber Mart**.

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

I have read, understand, and agree with the above.							
Signature of Applicant	Date						

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.

Lumber Mart, Inc.

NOTICE BEFORE ORDERING CONSUMER REPORTS

(Including Motor Vehicle Reports and Credit Reports)

The Fair Credit Reporting Act (FCRA) provides individuals with certain rights regarding consumer reports and places certain obligations on employers using consumer reports for employment-related purposes. Consistent with the FCRA's requirements, this notice is provided to you in order to inform you that Lumber Mart may, for employment-related purposes (e.g., evaluating you for initial employment, promotions, transfers, assigned duties, retention as an employee, etc.), obtain from a consumer reporting agency one or more consumer reports containing financial information, criminal record information, driving record information and/or other relevant information about you. Lumber Mart will not obtain a consumer report without your signature below authorizing us to obtain one or more consumer reports.

AUTHORIZATION TO OBTAIN CONSUMER REPORTS

I hereby acknowledge that I have read and understand the contents of the above notice and, by

signing below, specifically au for employment-related purpo		t to obtain one or more consumer reports on me.	e
First Name (please print)	Middle Initial	Last Name	
Signature		Pate	

Lumber Mart, Inc.