

# PARKER LUMBER

## Employment Application

We hire employees only after verification of the information provided and background investigation. Screening tests for illegal drug use will be required before and during your employment.

APPLICANT INFORMATION			
Last Name		First	M.I.
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	

**PREVIOUS EMPLOYMENT**

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge and that I am a genuine applicant for employment and that this application is being submitted solely for the purpose of seeking employment with Parker Lumber and no other reason.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I authorize investigation of my past employment, schooling and other activities and release those persons, organizations or companies supplying information from all liability and responsibility for any damages I may suffer as a result of this information. I understand that I MUST satisfactorily complete a physical examination, if required, as a condition of employment. I am in agreement with Company policy that if my past employment record of past medical examination proves to be unsatisfactory for Company requirements, my employment will be terminated. If employed, I agree to abide by all Company regulations and policies.

Signature	Date
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TO BE COMPLETED BY GENERAL MANAGER

Store # \_\_\_\_\_ Starting Date: \_\_\_\_\_

Position being filled: \_\_\_\_\_  Full time  Part time

Salary: \$ \_\_\_\_\_ per hour \$ \_\_\_\_\_ per month Date of Birth: \_\_\_\_\_ (only if hired)

Remarks: (Include ANY special conditions or considerations discussed and agreed upon)