

# APPLICATION FOR EMPLOYMENT

## FRANK LUMBER CO.

*"An Equal Opportunity Employer"*

NOTE TO APPLICANT: Please complete this Form fully, honestly and accurately. Thank you. We appreciate your interest in employment with this company.

### PERSONAL DATA

Date of Your Application: \_\_\_\_\_ / \_\_\_\_\_ Date You Are Available to Start Work: \_\_\_\_\_

Name (First, Middle, Last)

Address

Telephone: (Residence, Business, Cell) \_\_\_\_\_

IF driving a truck or vehicle is an essential function of the job for which you have applied, please provide:

Driver's License #: \_\_\_\_\_

Social Security: \_\_\_\_\_

Are you at Least 18 Years of Age? – YES \_\_\_\_\_. NO \_\_\_\_\_.

Are you Legally Eligible to Work in the U.S.A? – YES \_\_\_\_\_. NO \_\_\_\_\_.

Please list any relevant military experience you have: \_\_\_\_\_

### JOB INTEREST

For what job at this Company are you applying? (Please be specific.) \_\_\_\_\_

Who referred you to our Company, or what prompted your application here? \_\_\_\_\_

Are you willing to work shift work? – YES \_\_\_\_\_. NO \_\_\_\_\_.

Which is your shift preference? Please circle. DAYS NIGHTS

Are you willing to rotate shifts? – YES \_\_\_\_\_. NO \_\_\_\_\_.

Is there a shift you are *not* willing to work? Please list:

Have you ever worked for our company? YES \_\_\_\_\_. NO \_\_\_\_\_.

IF yes, please give dates of employment, location and job title: \_\_\_\_\_

Have you ever applied for work with our Company before? YES \_\_\_\_\_. NO \_\_\_\_\_.

IF yes, please give date and job for which you applied: \_\_\_\_\_

### EDUCATION & TRAINING: Please complete for each school attended

	School Name/Location	Major Course of Study	Years of Attendance & YES if graduated	IF graduated, give degree/certificate & date (except high school)
HIGH SCHOOL				
G.E.D				
TRADE SCHOOL				
COLLEGE				
OTHER				

Please list any currently valid and special motor vehicle, operator licenses or trade/craft certificates that you hold:

You may further comment on any other special qualifications you have related to this job or this company:

## WORK HISTORY

*Please list your jobs in the exact order of occurrence  
Please begin with current or most recent job if unemployed*

Name of Employer \_\_\_\_\_ Type of Industry \_\_\_\_\_

Employer's Location \_\_\_\_\_ Phone # \_\_\_\_\_

Dates of Employment (from Mo/Yr.) \_\_\_\_\_ (to Mo/Yr.) \_\_\_\_\_

Your Job Title & Responsibility \_\_\_\_\_

Your Supervisor's Name & Title \_\_\_\_\_ Your last rate of pay: \_\_\_\_\_

Your Reason For Leaving (please be specific) \_\_\_\_\_

Name of Employer \_\_\_\_\_ Type of Industry \_\_\_\_\_

Employer's Location \_\_\_\_\_ Phone # \_\_\_\_\_

Dates of Employment (from Mo/Yr.) \_\_\_\_\_ (to Mo/Yr.) \_\_\_\_\_

Your Job Title & Responsibility \_\_\_\_\_

Your Supervisor's Name & Title \_\_\_\_\_ Your last rate of pay: \_\_\_\_\_

Your Reason For Leaving (please be specific) \_\_\_\_\_

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Your Job Title & Responsibility \_\_\_\_\_

Your Supervisor's Name & Title \_\_\_\_\_ Your last rate of pay: \_\_\_\_\_

Your Reason For Leaving (please be specific) \_\_\_\_\_

Name of Employer \_\_\_\_\_ Type of Industry \_\_\_\_\_

Employer's Location \_\_\_\_\_ Phone # \_\_\_\_\_

Dates of Employment (from Mo/Yr.) \_\_\_\_\_ (to Mo/Yr.) \_\_\_\_\_

Your Job Title & Responsibility \_\_\_\_\_

Your Supervisor's Name & Title \_\_\_\_\_ Your last rate of pay: \_\_\_\_\_

Your Reason For Leaving (please be specific) \_\_\_\_\_

## JOB-RELATED BACKGROUND

1. Regarding the job for which you have applied, are you familiar with this job and do you understand the basic physical requirements needed to perform it?
2. If you answered YES to this question above, please answer this question: Are you physically able to perform this job safely and without significant risk of substantial harm to yourself or others?

### **SPECIAL NOTE/SECTION TO APPLICANTS WITH A DISABILITY:**

You may answer "YES" to this question (2) above if you can perform all essential functions of the job with or without reasonable accommodation. The company will provide reasonable accommodation to a person with a disability.

However, you still are not required to identify yourself as a disabled person on this Application Form.

If you can perform the essential tasks of the job only with an accommodation, then please respond to this question:

How would you perform the tasks, and with what accommodation(s)?

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*\*NOTE: answering YES to the following questions may not necessarily bar you from employment here*

3. **A) Have you ever been counseled, warned or disciplined for an unsafe work practice or other safety violation in the past year?**  
YES \_\_\_\_\_ | NO \_\_\_\_\_

If YES, please explain \_\_\_\_\_

- B) Have you ever had a "near miss" on the job where you nearly missed being injured or injuring someone else in the past year?**  
YES \_\_\_\_\_ | NO \_\_\_\_\_

If YES, please explain \_\_\_\_\_

4. How many days were you absent from work last year? \_\_\_\_\_

5. Do you take any illegal drug [such as (but not limited to) methamphetamine, marijuana, cocaine] without a medical prescription? Also, have you taken any illegal drug during the past year without a medical prescription?  
YES \_\_\_\_\_ | NO \_\_\_\_\_

If YES, please explain \_\_\_\_\_

6. Have you ever been convicted of a felony (or have you agreed to a court settlement for a lesser crime after having been charged with a felony)?  
YES \_\_\_\_\_ | NO \_\_\_\_\_

If YES, please give date(s) and type(s) of crime(s) (and you may provide any explanation you care to give):

**AGREEMENT & RELEASE:**

Please read this entire following section before Signing.

Then please sign this form at the bottom of the page.

Also, please initial each section indicating you have read that section.

***WITH THIS APPLICATION BY MY SIGNATURE BELOW I AGREE TO ALL OF THE FOLLOWING TERMS:***

1. I certify that the information I have provided on this Application Form and on my resume (If any) is true to the best of my knowledge.  
Regarding this application, I understand that if the Company determines that I have made any false statements, answers or any misrepresentation or any omission of significant information, the Company is entitled to reject my Application, or if hired, to terminate my employment.

Applicant's Initials \_\_\_\_\_

2. In the event I undergo a medical examination or evaluation as a part of the job placement process of the Company I agree to supply only information which is true to the best of my knowledge. Regarding this examination or evaluation, I understand that if they Company determines that I have made any false oral or written statements or answers or any misrepresentation or any omission of significant information to the Company or to the physician or to his/her representative, the Company is entitled to terminate my conditional or actual employment at any time.

Applicant's Initials \_\_\_\_\_

3. I authorize any person, school, current employer, past employer, physician or organization with knowledge of me or my work to provide the Company or its agent or representative with any information or opinion about me in response to an inquiry by the Company.  
I release any such person, employer, physician or organization from any legal liability in making such statements or furnishing any and all information to the Company or to its representative or agent.

Applicant's Initials \_\_\_\_\_

4. I authorize the Company or its agent or representative to check references regarding my employment and investigate any of the statements or answers provided by me on this Application or made to a physician or his/her representative (in the event of a medical examination or evaluation). The only exception to this authorization is where I have specifically requested in writing on this Application Form on the date below that no such inquiry be made.

Applicant's Initials \_\_\_\_\_

5. I understand that my employment at this Company is on an "at will" (that is, mutual consent) basis. Therefore I agree that either I or the Company has the proper right to terminate my employment with or without cause at any time.

Applicant's Initials \_\_\_\_\_

I have read and understood, and I agree to this entire section above entitled AGREEMENT & RELEASE.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_