

Crenshaw Lumber Company

APPLICATION FOR EMPLOYMENT

Crenshaw Lumber Company, Inc. is an Equal Opportunity Employer. Crenshaw Lumber Company, Inc. does not discriminate on the basis of race, color, sex, age, national origin, religious creed, ancestry, veteran status, marital status, disability, medical condition, sexual orientation or any other characteristic protected by applicable state or federal civil rights laws.

Last Name _____ First Name _____ Middle Initial _____
E-mail Address _____

Present Address _____

City _____ State _____ ZIP Code _____
Previous Address (if less than 7 years at present)

City _____ State _____ ZIP Code _____

Daytime Phone _____ Home Phone _____ Pager/Cell _____

Position applying for _____ Date Available _____ Desired Salary _____

Referral Source: Newspaper Agency Walk-in Other _____
 Employee (please provide name) _____

General Information:

If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this Country? No Yes

Have you ever applied to or worked for Crenshaw Lumber Company, Inc. before? No Yes

Do you have any friends or relatives working for Crenshaw Lumber Company, Inc.? No Yes

If yes, who / relationship? _____

Are you at least 18 years old? No Yes

(If under 18, hire subject to verification of minimum age)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) No

Yes

If yes, please state nature of crime(s), when and where you were convicted, and the disposition of the case (a conviction is not an automatic bar from employment, provided you are bondable):

Other name(s) under which employment may be verified: _____

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? No Yes

If no, describe the functions that cannot be performed: _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants or employees to perform essential functions.)

Education, Training & Experience:

If applying for a position requiring company driving, do you have a valid Driver License? No Yes

Can you provide proof of current auto insurance? No Yes

School	Name & Address	Course of Study	Number of years completed	Graduate	Degree, Certificate or # of credits
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocation/Business				<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any related licenses and/or certifications you hold: _____

Some of our clients speak languages other than English. Are you fluent in any languages other than English?
 No Yes If yes, which language(s)?: _____

Do you have any other training, experience, qualifications, or skills that make you particularly suited for employment with Crenshaw Lumber Company, Inc.? Please list _____

References:

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name	Association	Business	Years Known	Telephone

List below your employers for the past seven years, starting with your most recent employer. Account for all periods of unemployment. You **must** complete this section even if attaching a resume.

Dates of Employment		Name of Company
From	To	
Address		Telephone Number
Name of Supervisor		Type of Business
Position/Duties		Reason for Leaving
Salary		May we contact this employer?
Starting	Ending	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dates of Employment		Name of Company
From	To	
Address		Telephone Number
Name of Supervisor		Type of Business
Position/Duties		Reason for Leaving
Salary		May we contact this employer?
Starting	Ending	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dates of Employment		Name of Company
From	To	
Address		Telephone Number
Name of Supervisor		Type of Business
Position/Duties		Reason for Leaving
Salary		May we contact this employer?
Starting	Ending	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dates of Employment		Name of Company
From	To	
Address		Telephone Number
Name of Supervisor		Type of Business
Position/Duties		Reason for Leaving
Salary		May we contact this employer?
Starting	Ending	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please Read Carefully. Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize Crenshaw Lumber Company, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Crenshaw Lumber Company, Inc. any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Crenshaw Lumber Company, Inc., my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Crenshaw Lumber Company, Inc. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and a designated representative of Crenshaw Lumber Company, Inc.

Applicant Signature

Date

FOR ADMINISTRATIVE USE ONLY

Position(s) applied for: _____ Available Not Available

Other positions considered for: _____ Hired: Yes No

Date of Hire: _____ Completed by: _____ Date: _____