



GENERAL INFORMATION

Full Name:	
Phone Number:	
Physical Address:	
Mailing Address:	
Email Address:	

EMPLOYMENT DESIRED

Position Applying For:	
Type of Work Desired:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/Temporary
Are you willing to work weekends?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Desired Salary:	\$
Available Start Date:	

HOW DID YOU HEAR ABOUT THE POSITION YOU ARE APPLYING FOR?

<input type="checkbox"/> From a friend	<input type="checkbox"/> Indeed
<input type="checkbox"/> Social Media (Facebook, Facebook Groups)	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> School job board/careers website	<input type="checkbox"/> Other

EMPLOYMENT ELIGIBILITY

Are you 16 years or older?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you a U.S. Citizen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If no, are you allowed to work in the U.S.?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been convicted of a felony?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you reviewed the job description?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If selected for employment, are you willing to submit a background check?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Explain any accommodations which we should consider before placement.		

MILITARY STATUS

Are you currently a member of the National Guard?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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EDUCATION

	Name of School	Year(s)	Did you graduate	Degree
High School or GED:			<input type="checkbox"/> YES <input type="checkbox"/> NO	
College:			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other:			<input type="checkbox"/> YES <input type="checkbox"/> NO	



WORK EXPERIENCE

Employer #1:	Phone Number:	
Job Title:	Start/End Date:	
Supervisor:	Salary	\$
Specific Duties:		

Employer #2:	Phone Number:	
Job Title:	Start/End Date:	
Supervisor:	Salary	\$
Specific Duties:		

Employer #3:	Phone Number:	
Job Title:	Start/End Date:	
Supervisor:	Salary	\$
Specific Duties:		

PROFESSIONAL REFERENCES

Name	Relationship	Years Known	Phone Number

EMPLOYMENT REFERRAL

Name	Phone Number

DISCLAIMER AND SIGNATURE

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

I authorize The Home Lumber & Supply Co. to make an investigation of any of the facts set forth in this application and release Home Lumber from any liability. Home Lumber may contact any listed references or prior employment on this application.

I acknowledge and understand that The Home Lumber & Supply Co. is an "at will" employer. Therefore, any employee may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Signature of Applicant:		Date:
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