



# TUM-A-LUM LUMBER COMPANY

## APPLICATION FOR EMPLOYMENT

**Applicants receive consideration for employment without discrimination based on sex, race, color, creed, national origin, age, disability, marital status or any other protected class.**

LAST NAME	FIRST NAME	MIDDLE NAME	PHONE NUMBER	TODAY'S DATE

STREET ADDRESS	CITY	STATE	ZIP	EMERGENCYPHONE NUMBER

POSITION(S) YOU ARE APPLYING FOR:

THE POSITION FOR WHICH YOU ARE APPLYING MAY REQUIRE DRUG TESTING.

ARE YOU AVAILABLE TO WORK:      \_\_\_\_\_ FULL TIME      \_\_\_\_\_ PART TIME      \_\_\_\_\_ WEEKENDS

HIGH SCHOOL NAME AND LOCATION \_\_\_\_\_ DID YOU GRADUATE? \_\_\_\_\_

YEARS OF COLLEGE \_\_\_\_\_ SUBJECTS STUDIED \_\_\_\_\_ DID YOU GRADUATE? \_\_\_\_\_

LIST ANY OTHER TRAINING, SKILLS, EXPERIENCE, LICENSES AND CERTIFICATIONS THAT YOU HAVE WHICH YOU FEEL WOULD BE USEFUL IN EMPLOYMENT AT TUM-A-LUM LUMBER COMPANY.

HAVE YOU BEEN CONVICTED OF ANY FELONY OR MISDEMEANOR? \_\_\_\_\_ IF THE ANSWER IS YES, EXPLAIN.

A CONVICTION WILL NOT NECESSARILY PROHIBIT YOUR EMPLOYMENT.

HAVE YOU EVER APPLIED FOR WORK WITH THIS COMPANY BEFORE? \_\_\_\_\_ IF THE ANSWER IS YES, WHEN AND WHERE?

**LIST LAST FOUR EMPLOYERS, STARTING WITH CURRENT OR LAST ONE FIRST**

NAME OF CURRENT OR LAST EMPLOYER	COMPANY PHONE NUMBER	JOB(S) HELD
STREET ADDRESS	MAY WE CONTACT? _____YES      _____NO	DATES OF EMPLOYMENT (MON/YR) FROM _____ TO ____
CITY                      STATE      ZIP	YOUR SUPERVISOR'S NAME	REASON FOR LEAVING

NAME OF CURRENT OR LAST EMPLOYER	COMPANY PHONE NUMBER	JOB(S) HELD
STREET ADDRESS	MAY WE CONTACT? _____YES      _____NO	DATES OF EMPLOYMENT (MON/YR) FROM _____ TO ____
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STREET ADDRESS	MAY WE CONTACT? _____YES      _____NO	DATES OF EMPLOYMENT (MON/YR) FROM _____ TO ____
CITY                      STATE      ZIP	YOUR SUPERVISOR'S NAME	REASON FOR LEAVING

I CERTIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENT OR OMISSION OF FACT MAY RESULT IN DISMISSAL, SHOULD EMPLOYMENT BE OFFERED. I AUTHORIZE TUM-A-LUM LUMBER COMPANY TO INVESTIGATE AND VERIFY ANY OF THE INFORMATION I HAVE SUBMITTED IN APPLYING FOR EMPLOYMENT. I UNDERSTAND THAT EMPLOYMENT, IF OFFERED, WILL BE AT THE WILL OF THE EMPLOYER AND MYSELF AND MAY BE TERMINATED AT ANY TIME FOR ANY REASON BY EITHER PARTY.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE