

APPLICATION FOR EMPLOYMENT (Equal Opportunity Employer)

NAME:					
ADDRESS:					
TELEPHONE ()	#				
DATE AVAILABLE FOR EMP	LOYMENT:				
If employed and under 18, car	Yes	No			
Have you ever been employed	Yes	No			
Are you employed now?	Yes	No			
May we contact your present If yes, name of supervis	Yes	No			
Are you prevented from lawfu this country because of visa or	Yes	No			
Type of work desired:					
If applying for a position wher Do you have a valid driver's lic	Yes	No			
License #:					
Can you perform the essential for which you are applying?	Yes	No			
Are you available to work	FULL-TIME	PART-TIME	OVER-TIME		
Have you been convicted of a (Please note that a "YES" an	Yes on for employme	No nt)			
If yes, please explain:					

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, gender, physical or mental disability, or other protected classifications in accordance with applicable federal and state equal employment opportunity laws. This company will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of the job.

<u>EDUCATION</u>																
School Name	Elementary		<u>Se</u>	<u>Secondary</u>			Co	College			<u>G</u>	<u>Graduate</u>				
School Address																
Years Completed	4	5 6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Course of Study													_			
SPECIAL SKILLS, QU Summarize special sk employment or other	ills and	quali	ficat	tions	, vol	unte	er ac	tivitie	s, m		ry e>	(perie	ence,			
REFERENCES List three (3) non-relation and ability. Name	<u>Oc</u>	cupat	ion/	'Rela	tions	ship	_	Year	s Kn	owr	<u>l</u>	<u>Tel</u>	epho	<u>ne</u>	tory	
EMPLOYMENT EXP	PERIEN	<u>CE</u>														
Employer					Su	ıperv	isor':	s Nam	ne							
Address	<u>-</u>			Your Job Position												
Telephone Number			Employed from(mo/yr) to(mo/yr)													
Salary: Starting/Endir	ding			Duties												
What did you like mo	st abou	ıt you	ır jol	b?						-					-	

Reason for leaving: _____

Employer	Supervisor's Name					
Address	Your Job Position					
Telephone Number	Employed from(mo/yr) to(mo/yr)					
Salary: Starting/Ending	Duties					
What did you like most about your job?						
Employer	Supervisor's Name					
Address	Your Job Position					
Telephone Number	Employed from(mo/yr) to(mo/yr)					
Salary: Starting/Ending	Duties					
What did you like most about your job?						
Reason for leaving:						
Employer	Supervisor's Name					
Address	Your Job Position					
Telephone Number	Employed from(mo/yr) to(mo/yr)					
Salary: Starting/Ending	Duties					
What did you like most about your job?						

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGING.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. By signing below, I authorize WHITE MOUNTAIN LUMBER AND BUILDING MATERIALS INC to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

If hired I will be responsible for familiarizing myself with all rules and regulations of **WHITE MOUNTAIN LUMBER AND BUILDING MATERIALS INC** as they presently exist or are later modified. If hired, I understand my employment can be terminated at the discretion of **WHITE MOUNTAIN LUMBER AND BUILDING MATERIALS INC** or at my option, without notice, at any time and for any reason.

I also understand that no representative of **WHITE MOUNTAIN LUMBER AND BUILDING MATERIALS INC** has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions or employment, except as specifically stated in a current written agreement signed by the President.

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

I have read, understand, and agree with the above.

Signature of Applicant	Date

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.