

Brookside Lumber and Supply Company

Application for
Employment

Brookside Lumber Company is an Equal Opportunity Employer. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his/her race, color, religion, age (40 or older), sex (except where age or sex constitute a bonafide occupational qualification), ancestry, national origin, veteran status, non job related handicap or disability, or any other legally protected status. All information will be treated confidentially. This application is void after 90 days. If you have not been hired within that period of time and are interested in being considered for employment, you must come in and reapply. If you require assistance of a reasonable accommodation in completion this application or any aspect of the interview process, please contact the Human Resource or Showroom Manager.

PLEASE PRINT

PLEASE USE INK

PLEASE ANSWER ALL QUESTIONS

Today's Date _____

Position Applied For:
(check all that apply)

- Cashier
- Clerical/Office
- Driver
- Sales _____
- Stockroom/Inventory
- Yard/Outside operations
- _____

Willing to work
(check all that apply)

- Days
- Evenings
- Rotating Shifts
- Weekends
- Days of Week (Circle Below)

M	T	W	TH	F	S
AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM

CHECK ALL THAT APPLY:

- Full Time
- Temporary
- Part Time (Hours available/week _____.)
- Seasonal (From _____ to _____.)

Last Name	First Name	Middle Name
Address/Number	Street	City
Telephone Number (s) (H)	(W)	(C)
State		Zip Code
Telephone Number (s) (H)		Driver's License Number

Minimum salary requirements: _____

On what date are you available for work? _____

Will you work extra hours if required?

- Yes No

Are you 18 or older?

- Yes No

If not, can you provide required proof of your eligibility to work?

- Yes No

Have you ever been employed by Brookside Lumber Company before?

- Yes No

If yes, when and in what capacity? _____

Are you currently working?

- Yes No

Are you legally eligible for employment in the United States?

- Yes No

(Proof of citizenship or the ability to work in this country will be required upon employment.)

Have you ever been convicted of or pleaded guilty to a crime?

- Yes No

(Conviction will not necessarily disqualify an applicant from employment)

If yes, please explain: _____

EDUCATION

	High School, GED	Business/Trade	College/University
School Name and Location			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Did you Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year of Graduation			
Diploma/Degree			
Describe any specialized training or apprenticeship.			
Please include all training you received while serving in the military.			
List any equipment, machines, computer and/or software training.			
Did you attend any of the above listed institutions under a different name?			<input type="checkbox"/> Yes <input type="checkbox"/> No

FOR TRUCK DRIVER APPLICANTS ONLY:

Are you 21 years of age or older? Yes No

Current license: # _____ State _____ Class (CDL?) _____ Exp. Date _____

Have you ever had any license, permit, or privilege to operate a motor vehicle denied, revoked, or suspended? Yes No

If yes, explain: _____ Yes No

Have you been involved in an accident during the past 3 years?

If yes, explain _____

Have you been convicted of violations of motor vehicle laws or ordinances (Other than parking) in the last 3 years? Yes No

of points _____ If yes, describe: _____

Type of equipment used: _____ trucks _____ truck tractors _____ short trailers _____ free trailers _____ other _____

Are you currently licensed with the Department of Transportation regulations? Yes No

EMPLOYMENT EXPERIENCE: (All employment information must be completed even if resume is attached)

Please start with your present or last job. You may include volunteer activities and military service. You should exclude organizations that indicate race religion, gender, national origin, disability or other protected status. Please explain any periods of unemployment.

1.	Employer	Dates Employed	Work Performed
	Address		
	Telephone Number (s)	Hourly Rate/Salary	
	Job title	Supervisor	
	Reason for leaving		

2.	Employer	Dates Employed From: To:	Work Performed
	Address		
	Telephone Number (s)	Hourly Rate/Salary From: To:	
	Job title	Supervisor	
	Reason for leaving		

3.	Employer	Dates Employed From: To:	Work Performed
	Address		
	Telephone Number (s)	Hourly Rate/Salary From: To:	
	Job title	Supervisor	
	Reason for leaving		

4.	Employer	Dates Employed From: To:	Work Performed
	Address		
	Telephone Number (s)	Hourly Rate/Salary From: To:	
	Job title	Supervisor	
	Reason for leaving		

If you need additional space, please see page 4.

May we contact your present employer?

Yes

No

Were you employed at any of the above listed employers under a different name? If so, what name _____

SPECIAL SKILLS AND QUALIFICATIONS:

Summarize special job related skills and qualification acquired from employment of other experience:

REFERENCES:	
1.	()
(Name)	Phone #
2.	()
(Address)	()
(Name)	Phone #
3.	()
(Address)	()
(Name)	Phone #

ADDITIONAL SPACE FOR EMPLOYMENT EXPERIENCE:

Employer		Dates Employed From: To:		Work Performed
Address				
Telephone Number (s)		Hourly Rate/Salary From: To:		
Job title	Supervisor			
Reason for leaving				

Employer		Dates Employed From: To:		Work Performed
Address				
Telephone Number (s)		Hourly Rate/Salary From: To:		
Job title	Supervisor			
Reason for leaving				

Employer		Dates Employed From: To:		Work Performed
Address				
Telephone Number (s)		Hourly Rate/Salary From: To:		
Job title	Supervisor			
Reason for leaving				

Employer		Dates Employed From: To:		Work Performed
Address				
Telephone Number (s)		Hourly Rate/Salary From: To:		
Job title	Supervisor			
Reason for leaving				

Employer		Dates Employed From: To:		Work Performed
Address				
Telephone Number (s)		Hourly Rate/Salary From: To:		
Job title	Supervisor			
Reason for leaving				

APPLICANT'S CERTIFICATION AND AGREEMENT

(Please read the following statements carefully)

I hereby affirm that the information provided in this employment application is true and complete to the best of my knowledge. I understand that any false information, misrepresentations or omissions may disqualify me from further consideration for employment or may result in dismissal if discovered at a later date. I understand that if I am hired, the information given in this application will become part of my personnel record.

I authorize Brookside Lumber Company to make a thorough investigation of my previous employment, driving, education, criminal and credit record background in connection with its consideration of my application. I authorize any person, agency, institution, company or other entity to give Brookside Lumber Company any and all information they may have, and I release all parties from liability for any damages that may result from furnishing any of this information to Brookside Lumber Company. I also release, indemnify and hold Brookside Lumber Company harmless from any liability which might result from the investigation or inquiry it makes, or in connection with the information which it receives.

I agree that, if employed, I will abide by the policies, procedures, rules and regulations of Brookside Lumber Company. I agree, notwithstanding any representations, documents or statements, that if I am hired, my employment with Brookside Lumber Company will be on an at-will basis. I understand that this means that my employment can be terminated with or without cause and with or without notice at any time by me or by Brookside Lumber Company, and that my employment with Brookside Lumber Company will continue only for as long as Brookside Lumber Company desires my services. I understand that no representative of Brookside Lumber Company has any authority to make any oral, written or implied agreement contrary to the foregoing and that no course of conduct by Brookside Lumber Company or its representatives will alter the at-will nature of my employment. I also understand that, if employed, the wages and benefits provided or paid to me do not alter the at-will nature of my employment.

I further agree, that, if hired, any money I owe Brookside Lumber Company may be taken out of any monies I am due including, but not limited to, wages, bonuses and vacation pay.

I understand that it is a violation of Company policy for any employee to sell, distribute, manufacture, dispense, possess, use, purchase or have in his or her system a prohibited level of alcohol or controlled substances while on Brookside Lumber Company premises or during working hours. I further understand that, as a condition of employment, I will be required to submit to drug and/or alcohol tests in connection with applying for employment with Brookside Lumber Company. I also understand that refusal to submit to, or cooperate fully with, the administration of an alcohol or drug test will be considered as a withdrawal of my application for employment. I further understand that if I am hired, there may be circumstances under which I may be required to submit to drug and alcohol tests and that I must cooperate fully in the administration of such tests. I hereby consent to the disclosure of all test results by the testing facility to the Management of Brookside Lumber Company.

I understand that this application will be in effect for 90 days from the date indication below and that if employment is not offered within the 90 day period, I must reapply to be considered for future employment.

I HAVE READ THE ABOVE PARAGRAPHS, UNDERSTAND THEIR IMPORTANCE AND EFFECT UPON MY OPPORTUNITY FOR EMPLOYMENT, AND I ACCEPT THEM AS CONDITIONS OF EMPLOYMENT BY THIS COMPANY.

Applicant's Signature

Date

FOR HUMAN RESOURCE DEPARTMENT USE ONLY

Arrange Interview _____ Yes _____ No # _____

Date _____

By _____
Name

Date

