

Employment Application

Equal Opportunity Employer | Job offer conditional upon passing drug screen and criminal record investigation

We hire only persons legally authorized to work in the United States | All answers must be in handwriting of the applicant

Date _____

Name _____
(Last) (First) (Middle) Social Security Number

Address _____
(Street & No.) (City) (State) (Zip)

Primary Phone Number _____ Alternate Phone Number _____

E-Mail Address _____

If hired, can you provide proof that you are legally authorized to work in the U.S.? Yes No

Have you previously worked for the company? Yes No

If so, from _____ to _____ Location: _____

What position are you applying for? _____

Desired starting pay: \$ _____ per _____

How soon could you report for work? _____

Are you available to work:

Saturday Yes No Sunday Yes No Evenings Yes No

Person to be notified in case of accident or emergency:

(Name) (Phone Number)

(Address) (City, State, Zip)

Skills and Experience

Please list any special qualifications, training, education, skills, or experiences that you believe make you a good applicant for employment with the company.

Please list any business equipment operating abilities you have which might be useful on the job for which you are applying.

Military Service in the Armed Forces of the United States

(The company considers honorable military services to be a positive employment qualification)

Branch of Service _____

Dates served from _____ to _____

Nature of discharge _____

Education	Name of School and Location	Number of Years Attended	Course Pursued	Date of Leaving	Did you Graduate?
High School				N/A	
Correspondence School					
Business School					
College or University					
Other					

In what activities did you participate while in school? _____

What foreign languages do you speak or understand? _____
 (The company considers this to be a positive employment qualification)

Name of present or last employer		Title or job classification	
Street address		Phone No.	Brief description of job duties
City	State	Zip	
Supervisor's name and title			
Starting Salary	Ending Salary	Dates worked From To	
Reason for Leaving			

Name of next previous employer		Title or job classification	
Street address		Phone No.	Brief description of job duties
City	State	Zip	
Supervisor's name and title			
Starting Salary	Ending Salary	Dates worked From To	
Reason for Leaving			

Name of next previous employer		Title or job classification	
Street address		Phone No.	Brief description of job duties
City	State	Zip	
Supervisor's name and title			
Starting Salary	Ending Salary	Dates worked From To	
Reason for Leaving			

Please identify and explain any periods of unemployment during the past 5 years. _____

May we communicate with your present employer? Yes No

Have you ever been involuntarily terminated from employment or asked to resign employment? Yes No
 If yes, explain _____

APPLICANT CERTIFICATION

The Company is an equal opportunity employer. All applications for employment will be considered without regard to race, color, religion, sex, national origin, disability, age (over the age of 40), military service status or any other legally protected classification. I understand that this application shall be considered active for 90 days and, if I wish to be considered for employment after that time, I must reapply.

In exchange for the review and consideration of my application for employment, I agree that, upon request by the Company, I will take medical examinations or tests, which may include or constitute an alcohol or drug test, either prior to my employment or during my employment. The nature and timing of any such examinations or tests will be solely the choice of the Company, unless otherwise limited by applicable law, and such examinations or tests will be a condition of employment. I agree to the disclosure and release of all examination and test results and other relevant information to the Company or its designee. I release the Company and its designee from any and all liability and damages that may result from the drug and alcohol test or the disclosure of information related to such test. I further agree that if I refuse to take such examinations or tests, or if the results of such examinations or tests are not satisfactory to the Company, I will be disqualified from employment or continued employment. There shall be no waiver of the requirement to submit to examinations or tests unless the waiver is in writing and signed by an owner or corporate officer of the Company. I further consent and agree that: (1) my person, property and automobile shall be subject to search while on Company premises; and (2) that my telephone and computer communication on Company premises shall be subject to monitoring and recording by the Company. I further consent and agree to provide information and answer questions in response to any type of test or examination that the Company may utilize prior to employment or during employment.

I understand and agree that any employment I might be offered by the Company is at will employment, which means my employment will be for no definite period of time and may be terminated at any time and for any lawful reason. I further understand that no person other than an owner or corporate officer of the Company has the authority to enter into any legally enforceable contract or to make any legally enforceable promise to any employee and, to be enforceable, any contract, promise or other obligation must be in writing and signed by both the employee and an owner or corporate officer of the Company. If accepted for employment, I agree to comply with all company policies and procedures, and with all rules and regulations made known at the time of employment or any other time thereafter, and to perform all duties assigned to me to the best of my ability.

If I am employed and in consideration of that employment, I understand and agree that in the event that I resign, or quit such employment, or my employment ends by discharge or otherwise, that: (1) I will have no right to any vacation benefit. I understand that an employee must be on the payroll at the time the employee actually takes vacation time in order to be entitled to the vacation benefit. (2) My coverage for benefits will terminate as of my date of termination, unless otherwise specified in the benefit plan documents. I understand that I may elect to continue coverage as provided by law. (3) I will not be entitled to any commissions or bonuses that are not computed and payable prior to my date of termination. I understand that an employee has to be actively employed on the date that commissions or bonuses are computed and payable in order to be entitled to such commissions or bonuses.

I authorize the Company to make inquiries about me, and I authorize and request my former employers, references and other persons or entities identified in this application to release any and all information about me to the Company. I also authorize the Company to provide information about me in response to future inquiries from employers, prospective employers or other third parties and to hold the Company harmless for providing such information. I understand and agree that the Company may have an investigative consumer report made that will include information on my character, general reputation, personal characteristics and mode of living. I also understand that upon my written request, the Company will make a complete and accurate disclosure of the nature and scope of the investigation requested. I release the Company and all former employers, references, investigators and other persons and entities from liability from any damage that my result from furnishing information about me or from my rejection for employment.

I understand and agree that if I become an employee, I may be required to transfer to other work locations. This is expected of all Company employees, as it is the only way people take on greater job responsibilities while the Company continues to grow. I understand that my refusal to transfer may terminate my employment with the Company.

I certify that the information in this application is true and complete. I understand and agree that any false or misleading information or any omission of information in this application will subject me to rejection for employment or discharge from employment, regardless of when such false, misleading or omitted information may be discovered.

DO NOT SIGN BELOW UNTIL YOU HAVE READ AND UNDERSTAND THIS APPLICANT CERTIFICATION

Applicant Signature

Date

References

Give the names of three persons, not relatives or former employers, who have known you for at least two years.

Name	Occupation	Phone/Address

Background Questions

It is important that you truthfully answer the questions below on criminal and/or dishonest conduct. If you are employed, the accuracy of your answers will be checked through a review of your criminal record. The disclosure of criminal or dishonest conduct on this application will not necessarily result in your disqualification from employment.

SPECIAL INSTRUCTIONS FOR ANSWERING QUESTIONS BELOW:

- All candidates: Do not include convictions that were by court order sealed, eradicated, erased, annulled, or expunged, or charges that resulted in a diversion program successfully completed or currently in progress, or charges that resulted in a suspended imposition of sentencing after which the court discharged or dismissed the charge.*
- Arizona, Colorado, and Utah candidates: Do not respond to question regarding arrests on matter for which you currently are out on bail or your own recognizance.*

Have you ever been ever been charged with a crime (this includes all felonies, plus all misdemeanors and charges of driving under the influence of alcohol or drugs, but does not include minor traffic violations) which resulted in a guilty plea, conviction, probation, or a no contest plea? Yes No

Have you ever been arrested or charged on any criminal matters for which you currently are out on bail, or your own recognizance, or waiting for trial? Yes No

If you answered yes to either or both of the above questions, for each instance, please state the date, place, court, crime, and the circumstances of your conduct and situation.

Regardless of whether you were ever charged or convicted of any crime, have you ever engaged or participated in theft or other criminal or dishonest conduct related to your employment, or have you ever been accused by an employer of such conduct? Yes No

If yes, for each instance please identify the employer, the date, and explain your conduct, the accusation and circumstances.

Have you ever had a surety bond refused or cancelled? Yes No

Have there ever been shortages or misunderstandings about merchandise or funds at a place of employment which involved you? Yes No

Have you ever participated in shoplifting? Yes No

Have you ever taken anything of any value from one of your prior employers without permission? Yes No

If you answered yes to any of the above questions, please explain your answer(s).

Days and Hours Available

Name: _____
Last First

Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please list your date of birth: ___ / ___ / ___
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(Saturdays, Sundays, Holidays and Evenings may be Required at Times for All Employees!!)

Hours that you are applying for:

(Check all that apply)

Weekdays	Weekends
_____ Mornings	_____ Mornings
_____ Mid-day	_____ Mid-day
_____ Afternoons	_____ Afternoons
_____ Evenings	_____ Evenings

Requested number of hours per week*:

<input type="checkbox"/>	30 - 40 hours
<input type="checkbox"/>	25 - 30 hours
<input type="checkbox"/>	20 - 25 hours
<input type="checkbox"/>	15 - 20 hours
<input type="checkbox"/>	10 - 15 hours
<input type="checkbox"/>	5 - 10 hours

Can you work at least 2 nights per week? _____ No _____ Yes **If yes, which nights?** _____
 Can you work on weekends? _____ No _____ Yes **If no, why?** _____

Please Note: Sutherland stores may be open from 7:00 a.m. - 9:00 p.m. Mon. - Sat. and 9:00 a.m. - 6:00 p.m. on Sun. (Subject to change).

Please check all the hours you are available to work. If any, mark "any".		Example	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Start Time	1 p.m.							
	Finish Time	5 p.m.							

Please schedule at least 4 hour shifts (i.e. 10 a.m. - 2 p.m. = 4 hours)
 If you cannot work on a specific day - please indicate "No" in the start box.

Signed _____ Date: _____

*Sutherland Lumber Company reserves the right to request additional or reduce hours based on business fluctuations.