

# APPLICATION FOR EMPLOYMENT

All applicants will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability, marital status, or veteran status.

Quality, Service & Value Since 1890

Position Applied for \_\_\_\_\_

Date \_\_\_\_\_

<b>NAME:</b> Last	First	Middle
<b>ADDRESS:</b> Street	City/State	Zip
Mailing address:	Home Phone	Cell Phone
Email:	\$\$\$ Expected	
Have you ever applied for employment with us? Yes _____ No _____ If Yes: Month and Year _____		
Were you employed here before? Yes _____ No _____ If Yes, when? _____		
Any other name(s) under which you have been previously employed or under which school records would be located? _____		
Apart from absence for religious observance, are you available for full time work? Yes _____ No _____ If not, what hours can you work? _____		
Are you legally eligible for employment in the United States? _____		
Other special training or skills (languages, machine operation, etc.) _____		
How did you learn of our employment opportunity? _____		
How did you learn about the position you are applying for? _____		
Do you have any restrictions or obligations that would prevent you from consistently working the hours normally scheduled or arriving at work on time? Yes _____ No _____ If Yes, please explain: _____		
Do you have any restrictions or obligations that would prevent you from working overtime? Yes _____ No _____ If Yes, please explain: _____		

<b>EDUCATION</b>	Name and Location	Course of Study	Years Completed	Did You Graduate?	Degree or Diploma
College				Yes No	
High School				Yes No	
Elementary				Yes No	
Other				Yes No	

**We do not allow smoking anywhere on our premises. We want you to be aware of this and consider this as you make your application to work here.**

<b>EMPLOYMENT HISTORY</b>	Please give accurate and complete full-time and part-time employment record. Start with present or most recent employer. Use the last page if necessary.
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1) Company Name	Telephone:
Address	Date Employed: From            To
Name of Supervisor and Title	Weekly Pay Start            Last
State Job Title and Describe Your Work	Reason for Leaving

2) Company Name	Telephone:
Address	Date Employed: From            To
Name of Supervisor and Title	Weekly Pay Start            Last
State Job Title and Describe Your Work	Reason for Leaving

3) Company Name	Telephone:
Address	Date Employed: From            To
Name of Supervisor and Title	Weekly Pay Start            Last
State Job Title and Describe Your Work	Reason for Leaving

4) Company Name	Telephone:
Address	Date Employed: From            To
Name of Supervisor and Title	Weekly Pay Start            Last
State Job Title and Describe Your Work	Reason for Leaving

5) Company Name	Telephone:
Address	Date Employed: From            To
Name of Supervisor and Title	Weekly Pay Start            Last
State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT: Employer Number(s): _____ Reason: _____
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State names of relatives and friends working for us other than your spouse: \_\_\_\_\_

If you are under 18 years of age, can you furnish a work permit? Yes \_\_\_\_\_ No \_\_\_\_\_ Not applicable \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please explain: \_\_\_\_\_  
 (Conviction will not necessarily disqualify an applicant from Employment)

Why would you like to work here? \_\_\_\_\_

Have you ever been discharged from your work? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please explain: \_\_\_\_\_

Are you fully able to perform the duties of the job for which you have applied? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If No, please describe any tasks which you are not able to perform and what accommodation is necessary to enable you to perform such tasks: \_\_\_\_\_

Can you travel if the job requires it? Yes \_\_\_\_\_ No \_\_\_\_\_ Driver License # \_\_\_\_\_ State \_\_\_\_\_

Are there any restrictions on traveling? Yes \_\_\_\_\_ No \_\_\_\_\_ What are they? \_\_\_\_\_

Complete this section if you served in the U. S. Armed Forces

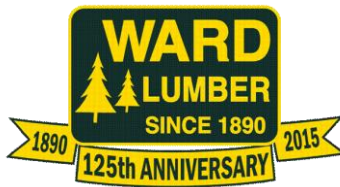
Describe your duties and any special training	Branch of Service
	Rank at Discharge

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“ I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire, or if hired, dismissal. I authorize any of the persons or organization referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, including a Credit Bureau report and/or Motor Vehicle Record Check, and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information. **As a condition of employment, applicants will be required to submit to and pass a Pre-Employment Urine Drug Screen Test and a Physical Exam.** In consideration for my employment and my being considered for employment by your company, I agree to conform to the rules and regulations of the company and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added by your company at any time, at the company’s sole option and without prior notice to me. I further acknowledge that my employment may be terminated, and any offer of employment, or my acceptance of an employment offer, if such is to occur, may be withdrawn, with or without cause, and without prior notice, at any time, at the option of the company or myself. My continued employment would be dependent on satisfactory performance and the continued need for my services as determined by the company. I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or to assure that any other personnel action, either prior to commencement of employment or after I have been employed, or to assure any benefits or terms and conditions of employment, or to make any agreement contrary to the foregoing. I acknowledge that I have been advised that this application will remain active for no more than 90 days from the date it was made.”

\_\_\_\_\_  
 Signature of Applicant Date

**Please mail completed application to: Ward Lumber Company Inc., 697 Glen Road, Jay NY, 12941**



*Quality, Service & Value Since 1890*

## Employee Referral Bonus

{ \_\_\_\_\_ }

I was not referred for employment at Ward Lumber Co., Inc. by any of its employees.

{ \_\_\_\_\_ }

I was referred for employment at Ward Lumber Co., Inc. by:

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{Employee Name}

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{Date of referral}

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_