



PLEASE RETURN YOUR COMPLETED APPLICATION IN PERSON ALONG WITH A COPY OF YOUR DMV PRINTOUT

APPLICANT INFORMATION

Last Name	First	M.I.	Today's Date:
Street Address		Apartment/Unit #	
City	State	ZIP	
Home Phone	Cell Phone		
Email Address			
How were you referred to the Company?			
Position applying for:			
If hired, on what date can you start? ____/____/____		Desired wage \$	
What days and hours are you available to work?			
Can you work weekends?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you available to work overtime? YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have a valid CA Driver's License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you speak any foreign languages?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Which ones, and how fluently?
Have you ever worked under another name?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list and explain:
Have you ever applied to or worked for this Company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?
Have you ever worked for any other lumber companies before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list companies:
Do you have any friends, relatives, or acquaintances working for Company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, state name and relationship:
If hired, would you have transportation to and from work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If hired, are you willing to submit to and pass a controlled substance test?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?			YES <input type="checkbox"/> NO <input type="checkbox"/>
If no, describe the functions that cannot be performed:			

PREVIOUS EMPLOYMENT

Company	Phone
Address	Supervisor
Job Title	Responsibilities
From	To Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone
Address	Supervisor
Job Title	Responsibilities
From	To Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Company		Phone
Address		Supervisor
Job Title	Responsibilities	
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>

EDUCATION		
High School	Address	
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Diploma
College	Address	
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other	Address	
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree or Certificate

REFERENCES	
<i>Please list three non-relatives who are familiar with your qualifications and actual work history and ability:</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

WHAT MAKES YOU THE BEST PERSON TO DO THIS JOB?

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date