



EMPLOYMENT APPLICATION

MILWAUKIE LUMBER COMPANY is an equal opportunity employer and does not discriminate on the basis of race, color, creed, religion, sex, age, national origin, marital status, physical or mental handicaps, or veteran status. This policy applies to all employment practices and personnel actions.

PERSONAL INFORMATION:

DATE: _____

Name: _____ Are you 18 years of age or older? Yes No
Last First Middle

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Phone #: _____ Cell #: _____ E-mail: _____

Referred By: _____ Social Security #: _____

Do you know any current Milwaukie Lumber Company employees? If yes, whom: _____

EMPLOYMENT DESIRED:

Position: _____ Date you can start: _____ Desired Salary: \$ _____

Are you currently employed? Yes No
If yes, may we contact your current employer Yes No
May we contact your former employers? Yes No

Have you ever applied with or worked at Milwaukie Lumber Company before? Yes No
Where? _____ When? _____ Supervisor _____

EDUCATION:

High School Diploma/GED? Yes No

Please list all education and specialized experience which you feel relates to the position you are applying for and which would help you in the performance of your work in that position. For all such education and experience, provide the name of the school or employer; specify degrees, areas of study, training and experience. If additional space is required, please attach separate sheet(s).

Institution Name	Address	Degree/Diploma/Certificate	Experience/Training
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EXPERIENCE:

Do you have experience in any of the categories listed below? Check all that apply:

- In-yard sales [# of yrs _____]
- Estimating [# of yrs _____]
- Truck driving [CDL? Yes No Class _____]
- Outside sales [# of yrs _____]
- Drafting [# of yrs _____]
- Forklift [Certified? Yes No # of yrs _____]
- Home improvement sales [# of yrs _____]
- Bookkeeping [# of yrs _____]
- Lumber handling [# of yrs _____]
- Component sales [# of yrs _____]
- Warehouse [# of yrs _____]
- Other _____

FORMER EMPLOYERS: (List your previous employers, starting with your most recent.)

Dates of Employment List Month & Year	Company Name, Address & Contact Name	Ending Salary	Positions Held	Reason for leaving
From: ____/____/____ To: ____/____/____	Company Name: _____ Address: _____ Contact: _____ Phone: _____			
From: ____/____/____ To: ____/____/____	Company Name: _____ Address: _____ Contact: _____ Phone: _____			
From: ____/____/____ To: ____/____/____	Company Name: _____ Address: _____ Contact: _____ Phone: _____			
From: ____/____/____ To: ____/____/____	Company Name: _____ Address: _____ Contact: _____ Phone: _____			

REFERENCES: Please list names and contact information for two persons that you have worked for or with professionally. (Do NOT list friends, parents of friends, or family members.)

1. _____
 Name Company Name and Address Working Relationship Phone #
2. _____
 Name Company Name and Address Working Relationship Phone #

Have you ever been convicted of a felony? Yes No If yes, date of conviction: _____
 If yes, explain: _____

List county(ies) and state(s) conviction occurred: County(ies) _____ State(s) _____

Are you currently on probation? Yes No If yes, list your parole officer and phone #: _____

PHYSICAL & MENTAL IMPAIRMENTS: Are you capable of lifting up to 70 pounds, with or without reasonable accommodations? Yes No If no, explain: _____
 No applicant will be rejected as a result of an impairment which, with reasonable accommodation does not prevent them from performing the work normally involved in the positions for which you are applying.

DRUG/SUBSTANCE TESTING: I understand that Milwaukie Lumber Company does not permit the use of drugs or any substances including alcohol during working hours nor may employees be impaired by drugs, substances or alcohol while at work or company property. Violations of this policy will result in immediate termination. I understand that if I begin employment prior to Milwaukie Lumber Company receiving the results of the above defined test(s) and the test results are positive (failing), my employment will be terminated immediately. _____ Initial here

VERIFICATION OF ACCURATE INFORMATION:

I hereby certify that the answers and other information on this application are true and correct to the best of my knowledge and that I understand any misrepresentation or omission of facts on my part will be justification for dismissal.

I authorize investigation of all statements and information contained herein and I specifically authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have relating to my qualifications. I release all parties from all liability for all damage that my result from furnishing the same to you.

I understand that this application is not an offer of employment. If given employment, I hereby agree that such employment is at-will and may be terminated by the Company at any time with or without advance notice and with or without cause.

 Signature Date

If any of your educational or employment records are under names other than the above name, please provide those other name(s).

THIS APPLICATION BECOMES VOID AFTER 30 DAYS UNLESS RENEWED BY YOU.