

Ziegler Lumber Company

Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, disability, religion or national origin.

PLEASE COMPLETE THE APPLICATION IN YOUR OWN HANDWRITING

NAME: _____	DATE: _____
ADDRESS: _____	Cell Phone () _____
CITY: _____	Other Phone () _____
STATE: _____	ZIP: _____ Email Address: _____
How were you referred to us? (circle as applicable)	
On line Job Search	School Agency
On my own	Current Employee(name) _____
	Other _____
Indicate position for which you are applying: _____ Salary Desired _____	
Do you wish to work: Full Time _____ Part Time _____ Date Available for work _____	
If Part Time, specify hour or days: _____	
Do you have responsibilities, activities or commitments that may require time away from work? YES NO	
If yes, explain: _____	
If the job requires weekends or to work overtime, can you work such a schedule? YES NO	
Explain: _____	
Can you perform the essential functions of the job for which you are applying without accommodation? YES NO	
If No, What accommodation is needed? _____	
If the position requires, can you to lift 80lbs to a 4' height? YES NO	
Do you use tobacco products? YES NO Are you 18 years of age or older? YES NO	

EMPLOYMENT RECORD
STARTING WITH MOST CURRENT EMPLOYER

Company Name: _____	Dates Employed (Mo/Yr.)	Job Title:
Address: _____	From: ____/____	Specify Duties:
Phone: _____	To: ____/____	
Supervisor Name: _____	Avg. hrs. week:	
May we contact this employer: _____	Yes No	
Reason for leaving: _____		
Company Name: _____	Dates Employed (Mo/Yr.)	Job Title:
Address: _____	From: ____/____	Specify Duties:
Phone: _____	To: ____/____	
Supervisor Name: _____	Avg. hrs. week:	
Reason for leaving: _____		
Company Name: _____	Dates Employed (Mo/Yr.)	Job Title:
Address: _____	From: ____/____	Specify Duties:
Phone: _____	To: ____/____	
Supervisor Name: _____	Avg. hrs. week:	
Reason for leaving: _____		

EMPLOYMENT RECORD CONTINUED

Were you ever discharged or asked to resign employment? Yes _____ No _____ How many times? _____
 Give detail of discharge or forced resignations below:

Employer	Date	Reason	Supervisor Name	Phone Number
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Employer	Date	Reason	Supervisor Name	Phone Number
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EDUCATIONAL DATA

	Name	Location	Highest Grade Completed		
High School	Diploma - YES NO NA		
	GED - YES NO NA		
	Name	Location	Major, Skill or Trade	# of Years	Degree/Diploma
College
Trade
Other

Have you ever applied to this company before? _____ If yes, When? _____ Where? _____

Are you a former Ziegler Lumber Company employee? _____ If yes, When? _____ Where? _____

Do you have any relatives employed by Ziegler Lumber Company? _____ If yes, who? _____

Approximate number of days missed from school or work on a yearly basis for each of the past 3 years _____

If hired, can you provide written evidence that you are authorized to work in the United States? YES NO

Have you ever had Bond refused? _____ Do you hold a current First Aid/CPR Certificate? _____

If necessary, will you relocate? _____ What type of work do you enjoy most? _____

List any equipment you can operate: _____

Complete this section if applying for a position involving the operation of company forklifts or vehicles

Do you have a valid driver's license? _____ Driver's License Number _____

(Lack of driver's license will not necessarily disqualify you from employment) In What State _____

Have you ever been refused Automobile or any other insurance policies? _____ Have you had any canceled? _____

Have you ever had your driver's license suspended or revoked? _____ If yes, give details: _____

Have you ever been at fault in a traffic accident? _____ If yes, give details: _____

REFERENCES (Do not include relatives or employers)

Name

Occupation

Years Known

Phone Number

1. _____

2. _____

3. _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____

NAME

ADDRESS

PHONE

ADDITIONAL INFORMATION

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, accomplishments, hobbies, etc.

PLEASE READ THE FOLLOWING BEFORE SIGNING APPLICATION:

All the information I have provided in this application and any attachments or supporting documents is true, correct, and complete. I understand that if I have provided false or incomplete statements, it will be sufficient cause for cancellation of the application or for immediate dismissal if already employed.

I understand that this application by itself is not an offer of employment or an employment contract. If hired I understand that employment is at will, not for any specific time period or duration, and can be terminated with or without reason at any time.

I understand, that if employed, I must become familiar with and comply with the safety rules, rules of conduct and other regulations as they exist from time to time.

Signature Of Applicant

Date

PRE EMPLOYMENT REQUIREMENTS

- 1.) Applicants for employment must sign a written release of Authorization of Disclosure of All Employment Information.
- 2.) Candidates for employment must submit to pre-employment drug/alcohol testing. Drug/alcohol tests must prove negative results that are to be revealed to the Company with a written release form signed by the applicant.