

<b>APPLICATION FOR EMPLOYMENT</b> Close Lumber - Sutter, CA			Date
<b>Personal Information</b>			
Name		Home Phone (###-###-####)	
Social Security #		Drivers License #	
Address (Street, City, Zip)		How Long	
<b>Employment Desired</b>			
Position Applying For		Desired Wage	
Applying for		Can you travel if required	
Are you under 18 years of age?		If under 18, can you provide a work permit?	
Are you currently employed?		If Employed, why do you want to change?	
Have you applied for employment here before?		Have you ever been employed by our company?	
Do you have any experience in the building industry?		On what date would you be able to start work?	
How did you learn about this company?			
Have you been convicted of a felony in the last 7 years (Conviction will not necessarily disqualify applicant from employment. Severity and pertinence to the job will be considered)?			
If yes, Please explain			
<b>Education</b>			
	High School	College / Technical	Graduate
School Name			
Years Completed			
Diploma / Degree			
Major Subjects			
<b>Military Service</b>			
Branch of Service		Nature of Duties	
Rank Held (Entry)		Rank Held (Exit)	
What specialized training did you receive?			
Do you have a Reserve or National Guard obligation		If so, please describe:	
<b>Special Skills and Qualifications</b>			
Check skills / machinery / equipment operated			
List additional machinery / equipment you can operate			

<b>Employment History</b>			
<b>Employer</b>		Employed From	
Address (City, State, Zip)		Employed To	
Phone		Beginning Wage	
Name of Supervisor		Ending Wage	
Duties at start of employment			
Duties at and end of employment			
Reason for leaving			
<b>Employer</b>		Employed From	
Address (City, State, Zip)		Employed To	
Phone		Beginning Wage	
Name of Supervisor		Ending Wage	
Duties at start of employment			
Duties at and end of employment			
Reason for leaving			
<b>Employer</b>		Employed From	
Address (City, State, Zip)		Employed To	
Phone		Beginning Wage	
Name of Supervisor		Ending Wage	
Duties at start of employment			
Duties at and end of employment			
Reason for leaving			
<b>Employer</b>		Employed From	
Address (City, State, Zip)		Employed To	
Phone		Beginning Wage	
Name of Supervisor		Ending Wage	
Duties at start of employment			
Duties at and end of employment			
Reason for leaving			

Driver Information					
<b>Note: Only individuals applying for positions as drivers need to complete the driving information</b>					
List Current Drivers Licenses that you have	State	License #	Type	Expiration Date	
Driving Experience (List all types of equipment driven; Van, Flatbed, Bobtail, Semi, etc.)	Type of Equipment	From	To	Approx Miles Driven	
Accident Record	Date	Type of Accident (head-on, rear-end, etc)	On the Job?	Fatalities	Injuries
Traffic Convictions (List all convictions and forfeitures for the past 3 years)	Date	Location (City & State)	Violation	Penalty	
Other Information	Have you ever been denied a license, permit or privilege to operate a motor vehicle?				
	Has your license, permit or privilege to drive ever been suspended or revoked?				
	If the answer to either question is yes then explain?				
References					
Name	Occupation	Address	Phone		
Emergency Information					
Name	Address	Phone	Relationship		

<b>Languages</b>			
Primary Spoken Language			
List other fluent languages spoken			
<b>Applicant Certification</b>			
Read and initial each box			
	Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.		
	I certify that, to the best of my knowledge and belief, the answers given by me on your employment application are correct and complete. I understand that any false information contained in this application may result in my disqualification and or later discharge if otherwise employed		
	I authorize you to communicate with all my former employers, school officials and persons named as references. I hereby release all my former employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information. I also indemnify CLOSE LUMBER COMPANY against any liability which might result from making such investigation.		
	I understand that as this company deems necessary, I may be required to work overtime hours or hours outside a normally defined work day or week.		
	I understand and agree that my acceptance for employment may be conditional on participation in and satisfactory result of a medical examination that includes a drug and alcohol test. If employed, I agree to abide by all of the company's employment and operational policies, rules, regulations, and directives to the extent they are consistent with state and federal laws.		
	I understand that if hired, my employment will be "at will" and that either I or the company may terminate the employment relationship at any time with or without cause and with or without notice. I understand that company rules and regulations and the company policy manual to not constitute a contract of employment.		
Signature			Date

<b>Office Use Only</b>					
Interviewed By:				Date	
"At-Will" employment explained	Yes	No	Hired	Yes	No
Position		Starting Date		Hourly Rate	