



## Application for Employment

Name \_\_\_\_\_ Soc Sec # \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_  
Street City State Zip

Telephone # \_\_\_\_\_ Other: \_\_\_\_\_

Position applied for \_\_\_\_\_ Date Avail: \_\_\_\_\_

Best time to call at home: \_\_\_\_\_ May we contact you work? Yes  No

If yes, work number and best time to call: \_\_\_\_\_

Have you submitted an application here before? Yes  No  If yes, give dates: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been employed with Desert Lumber before? Yes  No  If yes, give dates: \_\_\_\_\_  
\_\_\_\_\_

Are you legally eligible for employment in this country? Yes  No

What is your desired salary range or hourly rate of pay? \$ \_\_\_\_\_ Per \_\_\_\_\_ (hour/year)

Type of work schedule (Check all that apply): Days  Nights

Will you relocate if job requires it? Yes  No  Will you travel if your job requires it? Yes  No

Are you able to meet the attendance requirements of the position? Yes  No

Will you work overtime if required? Yes  No  If no, please explain \_\_\_\_\_  
\_\_\_\_\_

If driving is essential for job which you are applying, provide driver's license number:  
Number \_\_\_\_\_ State \_\_\_\_\_

Have you been convicted of a felony or been released from a prison or other detention facility with in the past seven years?  
Yes  No  (A conviction will not necessarily bar an applicant from employment.)

If yes, Please explain: \_\_\_\_\_  
\_\_\_\_\_

## EDUCATION AND TRAINING

Name of School, address	No. of yrs.	Course/Major	Diploma/Degree
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## SKILLS/TRAINING AND MILITARY

License/Certification Number	Type	Place of issue	Expiration Date
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## EMPLOYMENT HISTORY

	Month	Day	Year	Present or Last Employer	Name of Immediate Supervisor
From					
To					
Position (S) you held:					
Duties you performed:					
Reason for leaving:					
If employed may we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>					

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From					
To					
Position (S) you held:					
Duties you performed:					
Reason for leaving:					
If employed may we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>					

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	Month	Day	Year	Present or Last Employer	Name of Immediate Supervisor
From					
To					
Position (S) you held:					
Duties you performed:					
Reason for leaving:					
If employed may we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>					

Is there any job related information you want Desert Lumber to know about you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify the information shown on this application is true and correct to the best of my knowledge. I understand that eh falsification or withholding for pertinent information will be ground for discharge from employment regardless of when this information is discovered.

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

\_\_\_\_\_  
Date