

HARPER CHAMBERS LUMBER COMPANY, INC.

APPLICATION FOR EMPLOYMENT

HARPER CHAMBERS LUMBER COMPANY, INC. (HCLC) IS AN EQUAL OPPORTUNITY EMPLOYER AND DO NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

APPLICANT NAME: _____ **DATE:** _____

Position(s) applied for or type of work desired: _____

ADDRESS: _____

TELEPHONE: _____ **SOCIAL SECURITY #:** _____

TYPE OF EMPLOYMENT DESIRED: _____ **FULL TIME** _____ **PART TIME** _____ **TEMPORARY** _____

DATE YOU WILL BE AVAILABLE TO START WORK: _____

ARE YOU ABLE TO MEET THE ATTENDANCE REQUIREMENTS? _____ **YES** _____ **NO**

DO YOU HAVE ANY OBJECTION TO WORKING OVERTIME IF NECESSARY? _____ **YES** _____ **NO**

HAVE YOU EVER BEEN PREVIOUSLY EMPLOYED BY OUR ORGANIZATION? _____ **YES** _____ **NO**

IF YOU ARE UNDER 18, CAN YOU FURNISH A WORK PERMIT IF IT IS REQUIRED? _____ **YES** _____ **NO**

HAVE YOU EVER BEEN CONVICTED OF A CRIME IN THE LAST 7 YEARS? _____ **YES** _____ **NO**

IF YES, PLEASE EXPLAIN (A CONVICTION WILL NOT AUTOMATICALLY BAR EMPLOYMENT): _____

DRIVERS LICENSE NUMBER(IF DRIVING IS AN ESSENTIAL JOB DUTY): _____

HOW WERE YOU REFERRED TO US?: _____

EMPLOYMENT HISTORY

PLEASE PROVIDE ALL EMPLOYMENT INFORMATION FOR YOUR PAST FOUR EMPLOYERS STARTING WITH THE MOST RECENT.

EMPLOYER: _____ **POSITION HELD:** _____

ADDRESS: _____ **TELEPHONE #:** _____

IMMEDIATE SUPERVISOR AND TITLE: _____

DATES EMPLOYED: FROM _____ **TO** _____ **SALARY:** _____

JOB SUMMARY: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ **POSITION HELD:** _____

ADDRESS: _____ **TELEPHONE #:** _____

IMMEDIATE SUPERVISOR AND TITLE: _____

DATES EMPLOYED: FROM _____ **TO** _____ **SALARY:** _____

JOB SUMMARY: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ **POSITION HELD:** _____

ADDRESS: _____ **TELEPHONE #:** _____

IMMEDIATE SUPERVISOR AND TITLE: _____

DATES EMPLOYED: FROM _____ **TO** _____ **SALARY:** _____

JOB SUMMARY: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ **POSITION HELD:** _____

ADDRESS: _____ **TELEPHONE #:** _____

IMMEDIATE SUPERVISOR AND TITLE: _____

DATES EMPLOYED: FROM _____ **TO** _____ **SALARY:** _____

JOB SUMMARY: _____

REASON FOR LEAVING: _____

OTHER SKILLS AND QUALIFICATIONS

SUMMARIZE ANY JOB-RELATED TRAINING, SKILLS, LICENSES, CERTIFICATES, AND/OR OTHER QUALIFICATIONS:

EDUCATIONAL HISTORY

LIST SCHOOL NAME AND LOCATION, YEARS COMPLETED, COURSE OF STUDY AND ANY DEGREES EARNED:

HIGH SCHOOL: _____

COLLEGE: _____

TECHNICAL TRAINING: _____

OTHER: _____

REFERENCES

LIST 3 REFERENCES NAMES, TELEPHONE NUMBERS, AND YEARS KNOWN(DO NOT INCLUDE RELATIVES OR EMPLOYERS)

I HEREBY AUTHORIZE HCLC, INC. TO CONTACT, OBTAIN, AND VERIFY THE ACCURACY OF INFORMATION CONTAINED IN THIS APPLICATION FROM ALL PREVIOUS EMPLOYERS, EDUCATIONAL INSTITUTIONS, AND REFERENCES. I ALSO HEREBY RELEASE FROM LIABILITY THE POTENTIAL EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING, AND USING SUCH INFORMATION TO MAKE EMPLOYMENT DECISIONS AND ALL OTHER PERSONS OR ORGANIZATIONS FOR PROVIDING SUCH INFORMATION.

I UNDESTAND THAT ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE TERMINATION OF EMPLOYMENT IF I AM EMPLOYED, WHENEVER IT MAY BE DISCOVERED.

IF I AM EMPLOYED, I ACKNOWLEDGE THAT THERE IS NO SPECIFIED LENGTH OF EMPLOYMENT AND THAT THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT. ACCORDINGLY, EITHER I OR HCLC INC. CAN TERMINATE THE RELATIONSHIP AT WILL, WITH OR WITHOUT CAUSE, AT ANY TIME, SO LONG AS THERE IS NO VIOLATION OF APPLICABLE FEDERAL OR STATE LAW.

I UNDERSTAND THAT IT IS THE POLICY OF HCLC INC. NOT TO REFUSE TO HIRE OR OTHERWISE DISCRIMINATE AGAINST A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM EMPLOYED, I WILL BE REQUIRED TO PROVIDE SATISFACTORY PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION WITHIN THREE DAYS OF BEING HIRED. FAILURE TO SUBMIT SUCH PROOF WITHIN THE REQUIRED TIME SHALL RESULT IN IMMEDIATE TERMINATION OF EMPLOYMENT.

I REPRESENT AND WARRANT THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING, AND THAT I SEEK EMPLOYMENT UNDER THESE CONDITIONS.

APPLICANT SIGNATURE: _____ **DATE:** _____

Motor Vehicle Report Request Form

My name is _____. I am either an employee or a perspective employee of Harper Chambers Lumber Company Inc. My date of birth is _____. My driver's license number is _____.

I hereby authorize Harper Chambers Lumber Company Inc to obtain my Motor Vehicle Report. I understand that insurance companies use the Motor Vehicle Report to determine whether or not a driver is suitable to operate a company-insured vehicle. By signing this letter, I hereby authorize Harper Chambers Lumber Company Inc to obtain this Motor Vehicle Report and share the information with our insurance company and insurance agency.

Date

Signature