

# Trinity River Lumber Company

## EMPLOYMENT APPLICATION AN EQUAL OPPORTUNITY EMPLOYER

Trinity River Lumber Company is committed to promoting the safety and health of its employees. All applicants who are being considered for employment will be required to submit to a urinalysis exam which will be used to detect for the presence of drugs and alcohol.

Date \_\_\_\_\_

### Please Print

Name \_\_\_\_\_  
Last First Middle

Cell phone(\_\_\_\_\_) \_\_\_\_\_ Home telephone(\_\_\_\_\_) \_\_\_\_\_

Mailing address \_\_\_\_\_  
City State Zip

Email address \_\_\_\_\_

### Employment Desired

Position applying for: \_\_\_\_\_

What days and hours are you available for work? \_\_\_\_\_

Are you available to work any shift?..... Yes \_\_\_\_\_ No \_\_\_\_\_

Are you available for work on weekends?..... Yes \_\_\_\_\_ No \_\_\_\_\_

Are you available to work overtime, if necessary?..... Yes \_\_\_\_\_  
No \_\_\_\_\_

If hired, on what date can you start work? \_\_\_\_\_

**Personal Information**

Have you ever applied to or worked for Trinity River Lumber Co. before?.....Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, when?\_\_\_\_\_

Do you have friends or relatives working for Trinity River Lumber Co.?.....Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, state name(s) and relationship\_\_\_\_\_

Why are you applying for work at Trinity River Lumber Co.?\_\_\_\_\_

How did you hear about our company? \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? \_\_\_\_\_

Are you at least 18 years of age?.....Yes\_\_\_\_\_ No\_\_\_\_\_  
(If under 18, hire is subject to verification that you are of minimum legal age)

Are you currently employed?.....Yes\_\_\_\_\_ No\_\_\_\_\_

If so, may we contact your current employer?..... Yes\_\_\_\_\_ No\_\_\_\_\_

**Education, Training, and Experience**

<b>School</b>	<b>Name and Address</b>	<b>No. of years Completed</b>	<b>Did you Graduate?</b>	<b>Degree or Diploma</b>
High School				
College/ University				
College/ University				
Graduate School				
Special Schooling				

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Trinity River Lumber Co.? If so, please explain below.

List below three persons not related to you, and who have knowledge of your work performance within the last three years.

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ No. of year's acquainted \_\_\_\_\_

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ No. of year's acquainted \_\_\_\_\_

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ No. of year's acquainted \_\_\_\_\_

### Employment History

List below all present and past employment starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if you attach a resume.

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Type of business \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Your supervisors name \_\_\_\_\_

Your position and duties \_\_\_\_\_  
\_\_\_\_\_

Date of employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Type of business \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Your supervisors name \_\_\_\_\_

Your position and duties \_\_\_\_\_  
\_\_\_\_\_

Date of employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Name of Employer** \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Type of business \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Your supervisors name \_\_\_\_\_

Your position and duties \_\_\_\_\_  
\_\_\_\_\_

Date of employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Name of Employer** \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Type of business \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Your supervisors name \_\_\_\_\_

Your position and duties \_\_\_\_\_  
\_\_\_\_\_

Date of employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## Certification

My signature below certifies that all information in this application is correct and complete to the best of my knowledge and that I understand that providing false, inaccurate, incomplete or misleading information will result in refusal of employment or termination of employment if discovered after date of hire. I acknowledge that the company will verify the accuracy and completeness of the information I have provided and I release each employer, school, or person I have named (or their representatives or agents) to provide information regarding my employment, education, character, and qualifications. I release all entities and individuals who provide information in accordance with this release from all liability for any damages that may result from furnishing information to the company. I understand that if I am employed, I must conform to the company's rules and regulations and that my employment is "at will" which means that the company or I may terminate my employment at any time for any reason.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### **Please Read Carefully, Initial Each Paragraph and Sign Below.**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize the company to thoroughly investigate references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's President.

\_\_\_\_\_ I understand that my application will only be considered for job openings that I have applied for which occur within 60 days from the date below. I also understand that I may renew my application for additional 60 day periods by making a written or verbal request at the company office. I fully understand that if I do not renew my application, this will signify that I do not desire to be considered for employment at Trinity River Lumber Company for more than 60 days from the date below.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date