

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 pre-employment urinalysis exam.

Trinity River Lumber Company has zero tolerance and is a drug and alcohol free work environment.

Position applying for:					
Personal Information					
Last Name:		First Name:		Middle Name:	
Primary Phone:		Secondary Phone:		Email:	
Mailing Address:		City:		State:	Zip:
What days and hours are you available for work?					
Available for any shift?		Yes:	No:	Available to work weekends?	
				Yes:	No:
Are you over 18 years of age? <small>Employment consideration is subject to verification that you are of minimum legal age.</small>				Yes:	No:
Have you worked for Trinity River Lumber Company before?		Yes:	No:	Dates:	
				Yes:	No:
Are you related to anyone employed by Trinity River Lumber Company?				Yes:	No:
Name and Relation:					

Education					
High School :		Location of High School:			
Graduated:		Yes:	No:	GED:	Yes: No:
College or University:		Course of study:		Degree or Certificate:	
Business or Trade School:		Course of study:		Certificate or License :	
Special Skills, Professional Licenses, Certificates:		Issued by:		Expiration Date:	

Work/Employment History
 List below all full-time and part -time employment, listing each job separately. Start with your most current employer.
 Account for all periods of employment. You must complete this section, do not write, see attached.

Current or Most Recent Employer: **May we contact this employer? Y or N**

Name:		Address:	
Employment Dates:	From:	To:	Job Title:
Hours per week:	Supervisor Name:		Phone # :
Duties Preformed: _____			
Reason for Leaving: _____			

Previous Employment: **May we contact this employer? Y or N**

Name:		Address:	
Employment Dates:	From:	To:	Job Title:
Hours per week:	Supervisor Name:		Phone # :
Duties Preformed: _____			
Reason for Leaving: _____			

Previous Employment: **May we contact this employer? Y or N**

Name:		Address:	
Employment Dates:	From:	To:	Job Title:
Hours per week:	Supervisor Name:		Phone # :
Duties Preformed: _____			
Reason for Leaving: _____			

Previous Employment: **May we contact this employer? Y or N**

Name:		Address:	
Employment Dates:	From:	To:	Job Title:
Hours per week:	Supervisor Name:		Phone # :
Duties Preformed: _____			
Reason for Leaving: _____			

Previous Employment: **May we contact this employer? Y or N**

Name:		Address:	
Employment Dates:	From:	To:	Job Title:
Hours per week:	Supervisor Name:		Phone # :
Duties Preformed: _____			
Reason for Leaving: _____			

I hereby certify that all statements made in this application are true and I agree and understand that any misstatement or omission of material fact(s) will cause forfeiture on my part of all rights of employment with Trinity River Lumber Company. I authorize investigation of all matters contained in this application. If offered a position, I further agree to submit to a complete medical examination and drug screen by a physician designated by the company as a condition of employment. I must conform to the company's rules and regulations and understand that if offered employment, it is "at will" thus the company retains the right to end employment at any time.

Signature: _____ **Date:** _____