

PIKE LUMBER COMPANY, INC.
CONFIDENTIAL EMPLOYMENT APPLICATION

Date: _____

PERSONAL INFORMATION (Please print plainly)

Full Name: _____ Social Security No.: _____

Present Address (including city, state, zip): _____

How many years have you lived at this address? _____ Phone No.: _____

Previous Address: _____

How long did you live there?: _____ Are you a U.S. Citizen? _____

Are you legally eligible for work in the US? _____ Are you at least 18 years of age? _____

EMPLOYMENT DESIRED

Position: _____

Date you can start: _____ Desired salary per hour/per week _____

How did you hear about us? _____ Name of Individual(s) _____

Are you available to work: Full-time ___ Nights ___ Holidays ___ Part-time ___ Summer only ___

What type of work do you enjoy the most? _____

What type of work do you dislike the most? _____

Type of work preferred: Inside _____ Outside _____

Are there any experiences, skills or qualifications which you feel would especially fit you for work with Pike? _____

Have you ever applied here before? _____ When _____ For what _____

Were you previously employed by us? _____ In what capacity? _____

RECORD OF EDUCATION

Type of School	Name & Location	Years Attended	Diploma/Degree	Subject Studied
High School				
College				
Post Grad				
Trade, Bus., Corresp.				

Please list any additional education, training or experience not listed above: _____

MILITARY SERVICE

Have you ever served in the Armed Forces? _____ What Branch? _____

List duties and special training: _____

PERSONAL REFERENCES (Individuals not related to you or previous employers who have known you for at least one year.)

	Name	Address	Phone Number
1.			
2.			
3.			
4.			

PRIOR WORK HISTORY (List in order, last or present employer first)

Start Date	End Date	Name, Address & Phone # of Employer	Starting Pay	Ending Pay	Supervisor's Name and Title	Reason for Leaving

Describe in detail the work you did: _____

Start Date	End Date	Name, Address & Phone # of Employer	Starting Pay	Ending Pay	Supervisor's Name and Title	Reason for Leaving

Describe in detail the work you did: _____

Start Date	End Date	Name, Address & Phone # of Employer	Starting Pay	Ending Pay	Supervisor's Name and Title	Reason for Leaving

Describe in detail the work you did: _____

Start Date	End Date	Name, Address & Phone # of Employer	Starting Pay	Ending Pay	Supervisor's Name and Title	Reason for Leaving

Describe in detail the work you did: _____

May we contact the employers listed? _____ If not, indicate which one(s) you do not wish us to contact. _____

In case of emergency, notify: _____

Address: _____ Phone #: _____

Occasionally an application blank makes it difficult for an individual to adequately summarize their complete background. To assist us in finding the proper position for you in our company, use the space below to summarize any additional information necessary to describe your full qualifications.

Applicant’s Certification Agreement

1. I authorize the investigation of all statements contained in this application, resume and any attachments. I release from liability any persons or employers supplying such information. I also release the company from all liability that might result from making the investigation.
2. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on the application, resume and any attachments (or on any required document) will be cause for denial of employment or immediate termination of employment, regardless of when or how it was discovered.
3. I agree, if I am offered and accept a position, to conform to all existing and future company rules and regulations, and I understand that the company reserves the right to change wages, hours and working conditions as deemed necessary. I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, WHICH MEANS THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.
4. I understand that any employment offer is contingent upon my providing, within three working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.
5. I understand that any employment offer is also contingent upon the passing of a blood and/ or urine test for alcohol and drugs. Pike Lumber will not hire any applicant who fails to pass the pre-employment drug and alcohol test.

I have read and reviewed the information provided in this application and the above statements. By signing this application for employment, I certify that all the information provided by me, including any resumes, test answers or attachments, is truthful and accurate.

Signature: _____ Date: _____

**PIKE LUMBER COMPANY, INC. IS AN AT-WILL,
EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**