

APPLICATION FOR EMPLOYMENT

ALL QUALIFIED APPLICANTS WILL BE CONSIDERED FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, HANDICAP OR AGE, DISCRIMINATION BECAUSE OF RACE, RELIGION, COLOR, SEX, NATIONAL ORIGIN, HANDICAP OR AGE IS PROHIBITED.

NAME _____ DATE _____
(first) (middle) (last)

ADDRESS _____
(number) (street) (city) (state) (zip code)

HOME PHONE NO. _____ CELL PHONE NO. _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____
(month, day, year)

DRIVER'S LICENSE NO. _____

Are you a U.S. citizen: YES _____ NO _____ (If NO, do you possess an Alien Registration Card) YES _____ NO _____
(If No, are you authorized to work in the U.S.) YES _____ NO _____ Reg. Card No. _____

Have you ever been convicted of a Felony? YES _____ NO _____ If Yes, explain _____
THE AGE DISCRIMINATION ACT OF 1967 AS AMENDED PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 70 YEARS OF AGE.

POSITION DESIRED _____ FULL OR PART-TIME _____

CONSTRUCTION OR ST. ROSA LUMBER _____

DATE AVAILABLE _____ SALARY EXPECTED _____

HOW REFERRED TO US: Ad, Friend, Agency, etc. _____
(name, BE SPECIFIC)

INTEREST, OR ACTIVITIES NOTE: EXCLUDE ANY NAME OR CHARACTER OF WHICH RELATES TO RACE, RELIGION OR NATIONAL ORIGIN.

IF APPLYING FOR OFFICE POSITION:

OFFICE SKILLS: (Check below machines you have operated)

____ CALCULATOR

____ TYPING (No. of WPM) _____

____ COMPUTER

OTHER _____

ANY SALES SKILLS _____

RETAIL SALES _____

PERSONAL REFERENCES (excluding relatives)

| NAME | ADDRESS | YEARS KNOWN | TELEPHONE NO. |
|------|---------|-------------|---------------|
| 1. | | | |
| 2. | | | |

SCHOOLING _____

| SCHOOL | DATES | NAME OF SCHOOL | CITY | MAJOR COURSE | DID YOU GRADUATE? |
|--------|-------|----------------|------|--------------|-------------------|
|--------|-------|----------------|------|--------------|-------------------|

HIGH SCHOOL _____

COLLEGE _____

OFFICE USE IF HIRED-ONLY THIS SECTION - LEAVE BLANK

ARNZEN CONSTRUCTION OR ST. ROSA LUMBER

SHIRT SIZE _____ WAGE P/HR _____

MEDICAL

Do you have any physical problems or allergies which would prevent you from performing specific kinds of work? Yes _____ No _____
If yes, explain _____

Have you made claim for or received any disability benefits or pension? Yes _____ No _____
If yes, explain _____

Have you had an industrial injury or disease? Yes _____ No _____
If yes, explain _____

How many work days did you miss in the last year due to illness? _____ How many days due to personal? _____

Whom to contact in emergency?(name two) _____ Phone _____
_____ Phone _____

Private Physician: _____ Address _____ Phone _____

EMPLOYMENT RECORD

Are you presently employed? Yes _____ No _____ May we contact your present employer? _____

PRESENT EMPLOYER

| Employer | Telephone | Supervisor's Name |
|---|------------------------|-----------------------|
| Address | Date Employed | Base Salary or Wage |
| | From _____ To _____ | Start _____ End _____ |
| Job Title _____ | Nature of Duties _____ | |
| Reason for leaving or seeking change of position. _____ | | |

1st PREVIOUS EMPLOYER

| Employer | Telephone | Supervisor's Name |
|---|------------------------|-----------------------|
| Address | Date Employed | Base Salary or Wage |
| | From _____ To _____ | Start _____ End _____ |
| Job Title _____ | Nature of Duties _____ | |
| Reason for leaving or seeking change of position. _____ | | |

I am looking for employment with this company because: _____

Military Service

Branch _____ From _____ To _____ Rank at Discharge _____

Type of Discharge _____ If other than honorable, explain _____

IMPORTANT-Read before signing! Disclaimer and signature.

I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment. I understand that false or misrepresentation or omission of facts for hereon will be sufficient cause for cancellation of consideration for employment or dismissal from the company's service if I have been employed. I agree that my previous employers shall not be held liable in any respect if any employment offer is not tendered, is withdrawn, or my employment is terminated due to falsify of the statements and answers in this application form. If I am employed, I understand that additional personal data will be required for determination of benefits eligibility and for statistical purposes. If employed, I also understand that excluding provisions of any signed contract, such employment is at will and may be terminated at any time by myself or the employer.

DATE _____ SIGNED _____
(signature of applicant)