



EMPLOYMENT APPLICATION

(PLEASE PRINT PLAINLY)

All applications are considered inactive after 90 days. If you are interested in employment after 90 days, you should complete another application.

Mobile Lumber & Building Materials, Inc.

USE INK OR TYPEWRITER ONLY—ALL QUESTIONS MUST BE ANSWERED

PERSONAL QUALIFICATION RECORD							
Name Last		First		Middle		Social Security Number	
Present Address Street		City		State	Zip Code	Phone Number	
Are you available to Work:		Full Time _____ Weekends _____		Your Name as listed on Your Social Security Card			
		Part Time _____ Evenings _____					
On what date will you be available for work? _____ 20 _____ Position(s) applied for _____							
HOW LONG DO YOU PLAN TO WORK? (Check One) TEMPORARY <input type="checkbox"/> SUMMER VACATION <input type="checkbox"/> 1 YEAR <input type="checkbox"/> MORE THAN 1 YEAR <input type="checkbox"/> CAREER <input type="checkbox"/>							
LIST ACTIVITIES OR COMMITMENTS THAT MAY INTERFERE WITH ATTENDANCE REQUIREMENTS							
Are you between the ages of 18 and 65? YES _____ NO _____				Any Physical Limitations, or chronic illnesses or defects? Yes _____ No _____			
				Have you ever had back trouble or a back injury? Yes _____ No _____			
What referral source prompted you to apply for work with Mobile Lumber? _____ Newspaper Ad _____ Employment Agency _____ Employee				If YES explain			
other (Explain): _____							
Notify in Emergency		Name		Address		Phone	
HOW MANY WORK DAYS HAVE YOU LOST DURING THE PAST 12 MONTHS DUE TO ILLNESS OR OTHER CAUSES?				ARE YOU CURRENTLY UNDER THE CARE OF A PHYSICIAN?			

EDUCATION					
Type of School	Name	No. Yrs.	Date Finished	Graduated?	Course of Major
Grammar or Grade					
High School					
College					
Additional					
Honors - Scholastic		Honorary Societies		Extra-Curricular Activities (Name Offices Held)	

MILITARY EXPERIENCE					
Length of Military	Branch	Rank or Rating	In Reserve Yes No	Date and Type of Discharge	
Type of Work Done In Service					

REFERENCES (Other Than Employers or Relatives)			
Full Name	Address & Telephone Number	Occupation	How long has this Person known you?

List below present and past employment, beginning with your most recent

NAMES AND ADDRESSES OF FORMER EMPLOYERS, BEGINNING WITH THE CURRENT OR MOST RECENT		What kind of work did you do?	Starting Date	Month	Year
Name		Name and Title of your Supervisor	Date of Leaving		
Address Tel. No.		Why did you leave?	Pay at Leaving		
City State Zip					

		What kind of work did you do?	Starting Date	Month	Year
Name		Name and Title of your Supervisor	Date of Leaving		
Address Tel. No.		Why did you leave?	Pay at Leaving		
City State Zip					

		What kind of work did you do?	Starting Date	Month	Year
Name		Name and Title of your Supervisor	Date of Leaving		
Address Tel. No.		Why did you leave?	Pay at Leaving		
City State Zip					

NOTE: State reason for and length of inactivity between present application date and last employer.

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GENERAL INFORMATION		
Do you have any relatives employed with Mobile Lumber?	() YES () NO	If YES, what relationship and where do they work?
Have you ever applied for or held a job with Mobile Lumber?	() YES () NO	If YES, when, where and what position?
Are you either a U.S. citizen or a legally employable alien?	() YES () NO	Are you willing to relocate? () YES () NO
Have you been convicted of a felony within the last 7 years?	() YES () NO	If YES, explain:
Is there any work that you can not perform due to your health?	() YES () NO	If YES, explain:

APPLICANTS FOR DRIVERS MUST COMPLETE FOLLOWING:

License No. _____ State _____ Expiration Date _____	
Is license valid? Yes <input type="checkbox"/> No <input type="checkbox"/>	COPY MUST BE ATTACHED TO APPLICATION IF HIRED
Moving traffic violation in past 3 years Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, list _____
Other traffic violations in 3 years Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, list _____
Date of last physical _____	Did you pass physical? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you 21 yrs. of age or older Yes <input type="checkbox"/> No <input type="checkbox"/>

Please add (in the space provided below) any information that will help the Company place you where you are most qualified.

INDICATE NUMBER OF MONTHS OR YEARS EXPERIENCE OR TRAINING IN THE FOLLOWING:

	Training	Experience		Training	Experience		Training	Experience
General Office			Computer Operations			Retail Sales		
Typing			Management			Builder Sales		
Calculator			Shipping/Receiving			Forklift		
Accounting			Material Handling			Truck Driving		

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT AGREEMENT

READ CAREFULLY BEFORE SIGNING

As part of the Company's normal procedure for processing your application for employment, an investigation may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Information as to the nature and scope of such investigation, if one is made, will be furnished to you upon written request.

I certify that the statements and information furnished by me in this application are true and correct. I authorize investigation of my background, employment record, and references and agree that falsification, misrepresentation or omission of such statements or information will result in withdrawal of the employment offer, or immediate dismissal. In the event of my employment, I understand and agree to the following: (1) My employment will be on a trial probationary period for up to 90 days (2) To abide by all Company rules and regulations (3) I understand that no manager or representative of the Company has the authority to enter into any agreements unless in writing and signed by both me and an Officer of the Company (4) I recognize that all records, documents, materials, lists, drawings, books, programs and all other property of the Company made or received by me are the property of the Company exclusively. (5) Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

APPLICANT SIGNATURE _____ DATE _____

FOR COMPANY USE ONLY

HIRE STATUS		<input type="checkbox"/> NEW HIRE <input type="checkbox"/> RE-HIRE <input type="checkbox"/> RE-INSTATE <input type="checkbox"/> SALARY		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY	
POSITION TITLE			PAY GRADE		
SALARY/WAGE \$ _____ per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR			DATE BEGAN WORK		
LOCATION		DEPT.		CORPORATE APPROVAL	
CHECK IF COMPLETED:		<input type="checkbox"/> W-4		<input type="checkbox"/> REFERENCE CHECK	
<input type="checkbox"/> PAYROLL STATUS FORM		<input type="checkbox"/> TAX FORMS		<input type="checkbox"/> ORIENTATION FORM	
<input type="checkbox"/> SECURITY FORM		<input type="checkbox"/> EMPLOYMENT I-9 FORM		<input type="checkbox"/> INSURANCE ENROLLMENT FORM, IF APPLICABLE	
MANAGER'S SIGNATURE				<input type="checkbox"/> HANDBOOK ACKNOWLEDGMENT	
			DATE		