



Mobile Lumber & Building Materials, Inc.

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.

USE INK 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 _____ Part Time _____ Evenings _____				Your Name as listed on Your Social Security Card					
On what date will you be available for work? _____ Position(s) applied for _____ Rate of pay expected _____									
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 18 years of age or older? YES _____ NO _____				Is there any work that you can not perform due to your health? YES _____ NO _____ If YES please explain					
What referral source prompted you to apply for work with Mobile Lumber? _____ Newspaper Ad _____ Employment Agency _____ Employee other (Explain): _____									
Notify in Emergency		Name							

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				

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				

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				

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:

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*

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statements, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that my employment is conditional on a background check. I authorize the Company to thoroughly investigate all statements contained in any application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of and related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during the interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing. I further 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. I understand that filling out this form does not indicate that there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all company work rules, policies and procedures.

No compensation shall be allowed if, at the time of or in the course of entering into employment with the Company or at the time of receiving notice of removal of conditions from a conditional offer of employment with the Company, the employee knowingly and falsely misrepresents in writing his or her physical or mental condition and the condition is aggravated or reinjured in an accident arising out of and in the course of his or her employment with the Company. Misrepresentations as to preexisting physical or mental conditions may void your workers' compensation benefits.

If I am offered employment I agree to submit to a medical examination and/or drug screen. I consent to such examinations and testing at any time deemed appropriate by the Company. I understand that employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug testing, and if I am hired a condition of employment will be that I abide by the Company's Drug and Alcohol Policy.

APPLICANT SIGNATURE _____ DATE _____