



### APPLICATION FOR EMPLOYMENT

To the Applicant: We appreciate your interest in Walker Lumber Company Inc and assure you we are interested in your qualification. A clear understanding of your background and work history will aid us in selecting candidates for a position which, in our judgment, best meets our requirements. We are an equal opportunity employer, and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, or the presence of a medical condition or handicap.

#### PERSONAL:

Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
(Number) (Street) (City) (Zip)

Are you 18 years or older? Yes No

Are you authorized to work in the United States? Yes No

Have you been previously employed here? Yes No If yes, date(s) \_\_\_\_\_

Supervisor's Name(s) \_\_\_\_\_

Have you filed an application before? Yes No If yes, date(s) \_\_\_\_\_

List any friends or relatives working here \_\_\_\_\_

#### EMPLOYMENT DESIRED:

Position(s) applied for \_\_\_\_\_

Kind of work sought: Full time Part time Other \_\_\_\_\_

If part-time, please specify hours and days desired \_\_\_\_\_

Do you have any special training, skills, qualifications, or other experiences that relate to the position(s) applying for?

Salary desired \_\_\_\_\_ Date available to start work \_\_\_\_\_

Employment will be subject to a drug test and possibly a pre placement physical.

Handicapped employees and applicants may request accommodation of their handicap by notifying the firm in writing of the need for accommodation within 182 days of the date the handicapper knows or should know that an accommodation is needed. Failure to properly notify the firm will preclude any claim that the employer failed to accommodate the handicapper.



**REFERENCES:**

(DO NOT INCLUDE RELATIVES OR FORMER EMPLOYERS)

	NAME	ADDRESS City: State:	PHONE NUMBER	YEARS ACQUAINTED
1.				
2.				
3.				

**MILITARY SERVICE RECORD:**

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes No

If yes, what branch? \_\_\_\_\_ Rank at discharge \_\_\_\_\_ Date of discharge \_\_\_\_\_

Are you in the reserves? Yes No If yes, date obligation ends \_\_\_\_\_

Special / Technical training \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Have you been convicted of a crime? Yes No

If so, where, when, and nature of offense \_\_\_\_\_

Do you have any physical, mental or sensory handicaps which may affect your ability to carry out all necessary job functions/assignments or which should be considered in job placement? Yes No

If so, what is the nature of this handicap \_\_\_\_\_

Do you have a valid driver's license? Yes No License No. \_\_\_\_\_ State \_\_\_\_\_

List professional, trade, business, or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex, national origin, handicap, marital or Veterans status \_\_\_\_\_

State any additional information that you feel may be helpful to us in considering your application. \_\_\_\_\_

Name, address, and telephone number of the person to be notified in the event of an accident or an emergency \_\_\_\_\_

**AUTHORIZATION AND UNDERSTANDING:**

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the president of the firm. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the firm as they are from time to time changed, and no additional obligations can be imposed on the Company except those with have been acknowledged in writing, by the president or his designated representatives. I hereby authorize the firm to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owed by me to the firm during the course of my employment.

I agree that any action or suit against the firm arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any action or claim arising out of my employment against the firm in which the firm prevails, I will pay to the firm and all such costs incurred by the firm in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my pre-employment drug screen and physical (if such physical is required) are known.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_