



APPLICANT IS NOT REQUIRED TO GIVE ANY INFORMATION PROHIBITED BY LOCAL, STATE OR FEDERAL LAW

Contact Information

Full Name: Date:
Last First M.I. (month, day, year)

Address:
Street Address (number and street) Apartment/Unit Number

City State Zip Code Country

Telephone: Email:

Preferred Method of Contact: Interested in Full Time or Part Time
Full-Time Part-Time

Position Applied for:

Have you ever worked for Jasper Lumber?
as an employee or contract worker? If yes, when?
Yes No

Please provide details of your last employment with Jasper Lumber, year of departure, and ending job title:

Previous Work Experience

Company Name: Telephone:

Address:
(number, street, city, state, and ZIP code)

Job Title: Supervisor:

Start Date: Reason for Leaving:
(month, date, year) (month, date, year)

Are you currently employed with this employer?
Yes No
May we contact your previous supervisor for a reference?
Yes No



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Previous Work Experience - continued

Company Name: Telephone

Address:
(number, street, city, state, and ZIP code)

Job Title: Supervisor:

Start Date: End Date: Reason Leaving:
(month, date, year) (month, date, year)

Are you currently employed with this employer? Yes No

May we contact your previous supervisor for a reference? Yes No

Education

Highest Level of Education Completed:

School Name:

Major:

Are you currently enrolled? Yes No

If yes, anticipated graduation date (month, day, year)

License and Certifications

Name: Issuing Authority:

Name: Issuing Authority:

Name: Issuing Authority:



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References

Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Phone Number	# Years Known
Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Phone Number	# Years Known
Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Phone Number	# Years Known

Consent

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding this employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on the basis prohibited by applicable local, state, and federal law.

I understand that this application remains current for only 10 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

Signature:

Date (month, day, year):