

EMPLOYMENT APPLICATION



We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION

Name: _____
Street Address: _____ Phone #: _____
City/State/Zip: _____
Driver's License#: _____ CDL: YES or NO

EMPLOYMENT DESIRED

Position: _____ Start Date _____ Salary Desired _____
Full Time _____ Part Time _____ Circle Availability: M T W Th F Sat Sun
Are You Employed Now? YES or NO If So, Who Is Your Present Employer? _____
Ever Applied to this Company Before? YES or NO

EDUCATION

Schools/Colleges Attended:	Last Year Completed	Did You Graduate?
_____	_____	_____
_____	_____	_____
_____	_____	_____

SPECIAL SKILLS: Describe any special skills or qualifications for this work:

EMPLOYMENT/WORK EXPERIENCE:

Start with your present or most recent position. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

Employer: _____
Job Title: _____ Supervisor: _____
Street Address: _____
City/State/Zip: _____ Phone: _____
Describe Duties/Responsibilities/Accomplishments: _____

Reason for Leaving: _____ Salary: _____
Date of Employment (Month/Year): From _____ To _____

Employer: _____
Job Title: _____ Supervisor: _____
Street Address: _____
City/State/Zip: _____ Phone: _____
Describe Duties/Responsibilities/Accomplishments: _____

Reason for Leaving: _____ Salary: _____
Date of Employment (Month/Year): From _____ To _____

Employer: _____
Job Title: _____ Supervisor: _____
Street Address: _____
City/State/Zip: _____ Phone: _____
Describe Duties/Responsibilities/Accomplishments: _____

Reason for Leaving: _____ Salary: _____
Date of Employment (Month/Year): From _____ To _____

PERSONAL REFERENCES: Please provide names, relationship, how long known and phone number for 3 personal references.

Name: _____ Relationship: _____
How long: _____ Phone Number: _____

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AUTHORIZATION

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 statement, 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 authorize Midwest Lumber & Supply, Inc. / Midwest Lumber & Supply II, LLC to investigate any statement contained in this application, and to obtain a credit report on me (and my company if this application is for reselling by a company) as necessary to determine my qualifications. I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my 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 or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any 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 terms, 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.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I understand that I am required to abide by all rules, regulations, and policies of Midwest Lumber & Supply, Inc. / Midwest Lumber & Supply II, LLC. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature _____

Date _____

Print Name _____