



APPLICATION FOR EMPLOYMENT

This company is an Equal Opportunity Employer. All applications are considered for employment without regard to race, color, sex, age (40 and above), disability, religion, national origin, or any other protected status where otherwise qualified.

Please fill in all spaces including the specific position for which you are applying. If an item does not apply, write "none". This application will be considered current for thirty (30) days from this date. After that time, the application must be renewed to be considered. Please print clearly in ink. You must complete your own application.

NAME: _____
Last First Middle

ADDRESS: _____
Number and Street Apt. City State Zip Code

HOME PHONE NO.: _____ CELL PHONE NO.: _____

1. How were you referred for employment? _____
2. Have you ever worked for this Company before? ___Yes ___No If yes, when? _____
3. Have you applied for work with this Company before? ___Yes ___No If yes, when? _____
4. Position applying for: _____
5. Wage or salary desired: \$_____ Date available for work: _____
6. Are you able to perform the essential tasks of the job for which you are applying with or without reasonable accommodations? ___Yes ___No
7. Will you work: _____ Overtime? _____ Evenings? _____ Weekends? _____ Rotating Shifts?
8. Is there any time of the day or any day of the week you are unable to work? ___Yes ___No
If yes, please specify: _____
9. Are you presently employed? ___Yes ___No Why do you wish to change jobs? _____
10. Are you are least 18 years of age? ___Yes ___No
11. Do you intend to work anywhere else in addition to working at this Company? ___Yes ___No
If yes, where? _____
12. Do you have the legal right to work in the United States? ___Yes ___No (If hired, proof of eligibility is required.)

**EMPLOYMENT HISTORY: Please list all positions for the past 10 years, giving present or last position first.
Use additional pages if necessary.**

1.	Dates Worked: From _____ To _____		Wage or Salary: Starting _____ Final _____	
	Employer's Name _____		Supervisor's Name _____	
	Employer's Address Street _____		Supervisor's Title _____	Supervisor's Telephone No. (_____)
	City _____ State _____ Zip _____		Reason for Leaving _____	
	Your Job Title and Duties _____			

2.	Dates Worked: From _____ To _____		Wage or Salary: Starting _____ Final _____	
	Employer's Name _____		Supervisor's Name _____	
	Employer's Address Street _____		Supervisor's Title _____	Supervisor's Telephone No. (_____)
	City _____ State _____ Zip _____		Reason for Leaving _____	
	Your Job Title and Duties _____			

3.	Dates Worked: From _____ To _____		Wage or Salary: Starting _____ Final _____	
	Employer's Name _____		Supervisor's Name _____	
	Employer's Address Street _____		Supervisor's Title _____	Supervisor's Telephone No. (_____)
	City _____ State _____ Zip _____		Reason for Leaving _____	
	Your Job Title and Duties _____			

4.	Dates Worked: From _____ To _____		Wage or Salary: Starting _____ Final _____	
	Employer's Name _____		Supervisor's Name _____	
	Employer's Address Street _____		Supervisor's Title _____	Supervisor's Telephone No. (_____)
	City _____ State _____ Zip _____		Reason for Leaving _____	
	Your Job Title and Duties _____			

5.	Dates Worked: From _____ To _____		Wage or Salary: Starting _____ Final _____	
	Employer's Name _____		Supervisor's Name _____	
	Employer's Address Street _____		Supervisor's Title _____	Supervisor's Telephone No. (_____)
	City _____ State _____ Zip _____		Reason for Leaving _____	
	Your Job Title and Duties _____			

- May we contact your current employer? ___Yes ___No
- Please account for all periods of unemployment longer than three (3) months (except for military service, illness or disability): _____

- Have you ever been convicted of a crime by a civilian or military court (other than a minor traffic violation)?

___ Yes ___ No If yes, give details: _____

(Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.)

- Have you ever been dismissed or asked to resign from a job for misconduct or unsatisfactory performance?

___ Yes ___ No If yes, explain: _____

PLEASE COMPLETE THIS SECTION IF YOU ARE APPLYING FOR A CLERICAL POSITION ONLY.

- Microsoft Office Suite Quick Book Data Entry Bookkeeping/Accounting Accounts Payable/Receivable Filing

What other business skills do you possess? _____

EDUCATION:	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED		GRADUATED?	DEGREE OR DATE LAST ATTENDED
High School			1	2	<input type="radio"/> Yes	
			3	4	<input type="radio"/> No	
College			1	2	<input type="radio"/> Yes	/ /
			3	4	<input type="radio"/> No	
Other			1	2	<input type="radio"/> Yes	/ /
			3	4	<input type="radio"/> No	

- List any additional work experience, skills, information, licenses, certifications, special study or research work relating to position applied for or of general interest (Exclude those which may indicate race, color, religion, sex, age or national origin):

- Is any additional information necessary to enable a check of your records such as a change of name, use of an assumed name or nickname? If yes, please explain: _____

PLEASE LIST ANY RELATIVES OR FRIENDS EMPLOYED BY THIS COMPANY:

1.	Name	Relationship	Where Employed
2.	Name	Relationship	Where Employed
3.	Name	Relationship	Where Employed

PERSONAL REFERENCES: Please list three business people, professionals, or other persons who are not relatives, former employers, or employees of this Company.

1.	Name	How long known	Occupation	Telephone ()
Complete Address				
2.	Name	How long known	Occupation	Telephone ()
Complete Address				
3.	Name	How long known	Occupation	Telephone ()
Complete Address				

IMPORTANT: READ CAREFULLY

I hereby state that my answers to the above questions are true and correct and understand that any false or misleading information or omission on this application may result in the rejection of my application or my immediate dismissal if subsequently employed. I hereby authorize release of any information regarding any criminal convictions that may exist against me, and ask my former employer(s) and all other persons named herein who might have information concerning me whether or not the same is a matter of record, and hereby release them and each of them from any liability for any damage whatsoever which I could or might claim because of such disclosure.

My signature below represents my consent for LaSalle Lumber Company, L.L.C. to have the ability to obtain information about me for employment/volunteer/contractor purposes from any of its parents, subsidiaries, or other related or affiliated companies, including Hunt Forest Products, L.L.C.

In making this application for employment, it is understood and accepted that as part of the application and employment process, and/or during employment with the Company, I may be asked to submit to physical examinations which may include testing for alcohol and drugs all in accordance with law. Furthermore, successful applicants for employment may be required, as a condition of employment, to take a medical examination to establish their fitness to perform the jobs for which they have applied without endangering the health and safety of themselves or others. By signing this application, I hereby agree to submit to such examinations, tests, and pre-employment, post-offer physical and release all persons and companies from any liability arising out of such physical examinations and tests.

I understand the use of this form does not indicate there are positions available and does not in any way obligate the Company. If employed, I agree to comply with all policies, rules, practices, procedures and directives of the Company and its representatives. I acknowledge these items may be changed, interpreted, withdrawn or amended by the Company at any time, at the Company's sole discretion without any prior notice to me. I consent and agree that the Company shall have the right to search my personal property located on Company property, along with Company desks, lockers, vehicles, etc. for the purpose of investigating possible violations of Company rules/policies. This also includes access to my telephone conversations, e-mails or other types of electronic communications. I further understand that any such future employment is terminable by either party at will with or without notice or cause. No person other than the CEO/President of the Company may modify or amend the provisions stated herein.

I certify that I have read, fully understand and accept all the terms noted above.

APPLICANT SIGNATURE

DATE