



WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

DATE:

NAME: Last First Middle Email Address

ADDRESS: Street City State Zip Phone Number

MILITARY SERVICE: Date Entered:	Date Separated	Honorable <input type="checkbox"/> YES <input type="checkbox"/> NO	Rank	Branch	Occupation
---	----------------	---	------	--------	------------

CIRCLE HIGHEST GRADE/YEAR COMPLETED IN SCHOOL	NAME & LOCATION OF HIGH SCHOOL	GRADUATED	YEAR DIPLOMA WAS/ WOULD HAVE BEEN GRANTED
1 2 3 4 5 6 7 8 9 10 11 12		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GED	

SCHOOLS ATTENDED AFTER HIGH SCHOOL OR SPECIAL TRAINING RECEIVED				FIELDS OF STUDY/ TITLES OF SPECIAL COURSES		HOURS COMPLETED		DID YOU GRADUATE?	CERTIFICATE DEGREE EARNED
NAME & LOCATION	FROM MO./YR.	TO MO./YR.	FULL TIME	PART TIME			SEM.	QTR.	
					MAJOR:				
					MINOR:				
					MAJOR:				
					MINOR:				

PROFESSIONAL (WORK) REFERENCES

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Please provide the last four digits of your Social Security Number: _____

Will you be able to provide proof of Citizenship *or* an alien registration number and visa permitting work in this country if hired? YES NO

By this application and my signature, I authorize you to check the validity of my social security number and other pertinent identification: Initials: _____

EMPLOYMENT DESIRED

1. Positions Desired (preference order): 1. _____ 2. _____ 3. _____

Regular Employ: YES NO Part-time Employ: YES NO

If seeking temporary employment only, when would you expect to terminate? _____

Date you can start: _____ Salary/Wage desired: _____

2. Are you willing to accept odd (nights, graveyard or weekend) or rotating shifts? YES NO

3. Have you ever applied to this company before? YES NO If yes, when and where?

4. Which of the following are you able to lift and/or carry for prolonged periods? 20 lbs YES NO
30 lbs YES NO 40 lbs YES NO 50 lbs YES NO 50+ lbs YES NO

5. What you have done in the recent past to demonstrate that you can perform the activities in Question 4 above?

6. How many days did you miss from work this past year? _____

SPECIAL SKILLS
Please mark box if you have 3 or more months experience for wages

- FORKLIFT
- TRUCK DRIVER
- LUMBER CHAIN PULLING
- CUTOFF SAW
- RESAW OPERATOR
- PLANER SETUP
- MOULDER SETUP
- TIEING FROM MOULDER
- FINGER JOINT OPERATOR
- FINGER JOINT OFFBEARER
- WELDING
- MAINTENANCE MILLWRIGHT
- CARPENTRY

EMPLOYMENT HISTORY PLEASE LIST YOUR EMPLOYERS STARTING WITH YOUR MOST RECENT POSITION.

DATES		NAME & ADDRESS OF COMPANY	TELEPHONE
FROM:	TO:		
MO YR	MO YR		
		PRIMARY DUTIES PERFORMED	
		IMMEDIATE SUPERVISOR	
DATES		NAME & ADDRESS OF COMPANY	TELEPHONE
FROM:	TO:		
MO YR	MO YR		
		PRIMARY DUTIES PERFORMED	
		IMMEDIATE SUPERVISOR	
DATES		NAME & ADDRESS OF COMPANY	TELEPHONE
FROM:	TO:		
MO YR	MO YR		
		PRIMARY DUTIES PERFORMED	
		IMMEDIATE SUPERVISOR	
DATES		NAME & ADDRESS OF COMPANY	TELEPHONE
FROM:	TO:		
MO YR	MO YR		
		PRIMARY DUTIES PERFORMED	
		IMMEDIATE SUPERVISOR	
EXPLANATION OF SPECIAL SKILLS:			
IN CASE OF EMERGENCY NOTIFY		TELEPHONE	

I HEREBY AUTHORIZE YOU TO CONSULT AND OBTAIN INFORMATION FROM ANY EMPLOYER I AM WORKING OR HAVE WORKED FOR: YES NO

I authorize the investigation of all matters which PSI deems relevant to my qualifications for employment, including all statements made in this application and in any attachments or supporting documents. I authorize PSI to request, receive and share with any agent or client employer such information and I release from all liability any persons, such as but not limited to, supervisors or employers supplying it. I also release PSI and any of its agents or client employers from all liability which might result from making the investigations.

If employed, I understand that misrepresentation or omission of facts called for is cause for dismissal. If offered employment, I am also willing to take a physical examination and authorize the doctor or doctors involved to disclose to the prospective employer here and any of its agents or client employers the results of that examination. I agree to comply with the employer's substance abuse program, including drug testing as may be required.

If employed, I agree to conform to the rules of this company, and hereby acknowledge that my employment with the company can be terminated at any time, with or without cause, at the option of either myself or the company. I further understand and acknowledge that nothing contained in any employee handbook or policy statement nullifies or modifies the foregoing employment at will policy.

PLEASE REVIEW APPLICATION FOR COMPLETION. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

DATE: _____

APPLICANT'S SIGNATURE: _____