

# APPLICATION FOR EMPLOYMENT

Qualified applicants receive consideration for employment without discrimination because of sex, marital status, race, color, creed, national origin, age or the presence of disability.



110 N.E. Greenwood  
Bend, Oregon 97701

## PERSONAL INFORMATION

LAST NAME                      FIRST NAME                      MIDDLE NAME                      PHONE NUMBER                      SOCIAL SEC. #                      TODAY'S DATE

PRESENT ADDRESS                      CITY                      STATE                      ZIP

WILL VISA OR IMMIGRATION STATUS PREVENT LAWFUL EMPLOYMENT?  
 YES     NO

HAVE YOU, WITHIN THE LAST 7 YEARS, BEEN CONVICTED OR RELEASED FROM PRISON FOR ANY FELONY WHICH WOULD AFFECT YOUR FITNESS TO PERFORM ANY JOB FOR WHICH YOU ARE APPLYING?  
 YES     NO

IF YES, EXPLAIN ON BACK PAGE. A CONVICTION RECORD WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT.

## EMPLOYMENT DESIRED

Please indicate the position(s) desired or the category of work for which you are applying.

POSITION(S) APPLIED FOR:

ARE YOU ABLE TO WORK  
 FULL TIME     PART TIME

IDENTIFY ANY RESTRICTIONS ON TRAVEL:

## EDUCATION

NAME OF SCHOOL	LOCATION	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE	SUBJECTS STUDIED & DEGREES RECEIVED
HIGH SCHOOL		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE/BUSINESS/MILITARY TRAINING OR CORRESPONDENCE SCHOOL		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

## EMPLOYMENT RECORD

List last four employers, starting with last or current one first.

NAME OF CURRENT EMPLOYER	COMPANY PHONE NUMBER	TYPE OF WORK, SPECIAL SKILLS	EMPLOYMENT DATES (MONTH & YEAR)
STREET ADDRESS	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO		FROM    TO REASON FOR LEAVING
CITY                      STATE                      ZIP	PERSON TO CONTACT		SALARY STARTING: _____ ENDING: _____
NAME OF PREVIOUS EMPLOYER	COMPANY PHONE NUMBER	TYPE OF WORK, SPECIAL SKILLS	EMPLOYMENT DATES (MONTH & YEAR)
STREET ADDRESS	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO		FROM    TO REASON FOR LEAVING
CITY                      STATE                      ZIP	PERSON TO CONTACT		SALARY STARTING: _____ ENDING: _____
NAME OF SECOND TO LAST EMPLOYER	COMPANY PHONE NUMBER	TYPE OF WORK, SPECIAL SKILLS	EMPLOYMENT DATES (MONTH & YEAR)
STREET ADDRESS	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO		FROM    TO REASON FOR LEAVING
CITY                      STATE                      ZIP	PERSON TO CONTACT		SALARY STARTING: _____ ENDING: _____
NAME OF THIRD TO LAST EMPLOYER	COMPANY PHONE NUMBER	TYPE OF WORK, SPECIAL SKILLS	EMPLOYMENT DATES (MONTH & YEAR)
STREET ADDRESS	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO		FROM    TO REASON FOR LEAVING
CITY                      STATE                      ZIP	PERSON TO CONTACT		SALARY STARTING: _____ ENDING: _____

**GENERAL INFORMATION**

Are you below the age of 18? \_\_\_\_\_ If yes, what is your age? \_\_\_\_\_  
Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accomodation? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
Are you willing to undergo a physical examination after an employment offer is tendered? \_\_\_\_\_ The physical examination will verify your ability to perform essential job functions.  
Years of Driving Experience: Private \_\_\_\_\_ Commercial \_\_\_\_\_ List any citations in the past five years \_\_\_\_\_  
Does your vehicle operator's license include any restrictions? \_\_\_\_\_

**REFERENCES** *List three people (other than relatives or former employer's) who know you well and who the Miller Lumber Company may contact.*

NAME	ADDRESS	PHONE NUMBER
NAME	ADDRESS	PHONE NUMBER
NAME	ADDRESS	PHONE NUMBER

State any special skills or qualifications you possess which would benefit the Miller Lumber Company. Please use this space to make any other comments.

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

In the event of a final interview, I understand that I will be required to submit a urine sample for drug screening purposes prior to completion of the employment process. If I refuse, or if I do not comply with testing procedures, I understand that I will not be considered further. I understand that if my urine screens positive for illegal substances and/or prescription drugs whose use has not been prescribed by a licensed physician, I will not be considered for employment. All test results are confidential.

In the event of employment, I hereby affirm that the information on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I understand also that I am required to abide by all rules and regulations of this company. I acknowledge that any employment relationship with this company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

I authorize investigation of all statements contained in this application as may be deemed necessary for an employment decision. I consent to a release of medical evaluation/drug testing reports to Miller Lumber. I certify that the answers given on this application are complete to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_