



## PUKALL LUMBER COMPANY APPLICATION FOR EMPLOYMENT

Pukall Lumber Company is an equal employment opportunity employer

### PERSONAL INFORMATION

Date: \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Are you 18 years of age or older ? (circle) Yes No

Are you a U. S. Citizen or an alien authorized to work in the U.S.? (circle one) Yes No

### EMPLOYMENT DESIRED

Type of Work Desired \_\_\_\_\_ Salary Desired \_\_\_\_\_

Date You Can Start \_\_\_\_\_ How Were You Referred To Our Organization? \_\_\_\_\_

Are You Employed Now? Yes No If So, May We Contact Your Current Employer Yes No

### Education

Type	Name/Location	Course of Study	# Years	Degree/Diploma
Elementary & Jr. High	_____	_____	_____	_____
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Technical or Other	_____	_____	_____	_____

### General

Please list any additional information that relates to your ability to perform the job for which you have applied such as licenses, certifications, civic activities, hobbies, etc. (exclude organizations; the name of which indicates the race, creed, age, marital status, of its' members.)

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EMPLOYMENT RECORD

Company Name and Address	Kind of Work	Date Started/Left	Rate of Pay	Reason for Leaving

Which of these jobs did you like the best? \_\_\_\_\_

What did you like most about the job? \_\_\_\_\_

REFERENCES: Give the names of 3 persons, not related to you, whom you have known at least one year.

Name	Occupation	Address & Telephone	Years Known
1.			
2.			
3.			

In case of an emergency contact

Name	Address	Telephone
U. S. Military Service		
Branch of Service	From	To
Rank	Training/Experience Received	

Present Membership in National Guard or Reserves ? (circle one) Yes No

**Applicant's Statement**  
I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law, this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment.

If employed, I agree to abide by all of the work and safety rules of the Company. I understand that this Company has a drug an alcohol policy that provides for pre-employment testing. Also, if employed, I realize that the Company conducts post-accident, reasonable suspicion, periodic and/or random drug and/or alcohol testing of its employees, and that consent to and compliance with such policy is a condition of my employment. I have read, understand and agree to the above statement (Please initial here) \_\_\_\_\_

I hereby certify that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, schools, law enforcement agencies and firms named therein, except my current employer if so noted, to provide information requested about me, and release them from all liability for damage in providing this information. It is understood and agreed that any misrepresentation, false statement, or omissions by me in this Application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to the Company.

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