

TRI-STATE FOREST PRODUCTS, INC.

APPLICATION FOR EMPLOYMENT

(non driver)

To the applicant: We appreciate your interest in our firm and assure you that we are interested in your qualifications. A Clear understanding of your background and work history will aid us in seeking to place you in a position that, in our judgment, best meets your qualifications

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, the preference of a medical condition or handicap, height, weight, or any other protected status.

PERSONAL:

Name: _____ Date of Application: _____
(last) (first) (middle)

Address: _____ Telephone: (_____) _____
(street & number)

(city, state & zip)

Social Security #: _____ Are you 18 years or older? **YES NO**
(circle one)

Are you a U.S. Citizen? **YES NO** *(circle one)* Are you authorized to work in the U.S.? **YES NO**
(circle one)

Have you been previously employed here? **YES NO** *(circle one)* if YES, date(s)? _____

Supervisor name(s): _____

Have you filed an application here before? **YES NO** *(circle one)* if yes, date(s) _____

List any friends or relatives working here _____

What method of transportation will you use to come to work? _____

EMPLOYMENT DESIRED

Position applied for _____ Kind of work sought: **FULL TIME PART TIME OTHER** _____
(circle one)

Do you have any special training, skills, qualifications, or other experiences that relate to the position applied for?

Salary desired _____ Date available to start work _____

employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer

PREVIOUS EMPLOYMENT			
Employer:	dates		work performed
Address:	from:	to:	
City, State, Zip:			
Phone:	hourly rate		
Job title:			
Supervisor:	starting:	final:	
Reason for leaving:			
Employer:	dates		work performed
Address:	from:	to:	
City, State, Zip:			
Phone:	hourly rate		
Job title:			
Supervisor:	starting:	final:	
Reason for leaving:			
Employer:	dates		work performed
Address:	from:	to:	
City, State, Zip:			
Phone:	hourly rate		
Job title:			
Supervisor:	starting:	final:	
Reason for leaving:			

EDUCATION			
Name & Location	Years Completed	Diploma/ Degree Y or N	Course of Study
Elementary:			n/a
High School:			n/a
College:			
Graduate:			
Vocational:			
Training:			

REFERENCES (do not include relatives or former employers -- provide 3 references)			
name	address	phone #	years known

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in a State National Guard?

YES NO (circle one) If YES, what branch? _____

Rank at Discharge _____ date of discharge _____

Are you in the Reserves? **YES NO** (circle one) if YES, date obligation ends _____

Special / Technical training _____

ADDITIONAL INFORMATION

Have you been convicted of a crime? **YES NO** (circle one) If YES, where, when & nature of offence:

Do you have a valid driver's license? **YES NO** (circle one) License # _____ State _____

List professional trade, business, or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex, national origin, handicap, marital or veteran status, height, weight, or age:

State any additional information that you feel may be helpful to us in considering your application _____

Name, address, and telephone number of person to be notified in the event of an accident or emergency:

AUTHORIZATION AND UNDERSTANDING

Upon the signing of this application, I represent that all of the information nor or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment, education, criminal history, medical history (post-offer only), or credit history with the appropriate individuals, companies, institutions, or agencies, and i authorize them to release such information, as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligatin to give me written notice of such disclosure. I hearby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate the employment relationship, with our without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the president of the firm. I agree that I shall be bound by the other rules, policies, regulations, and terms and conditions of employment of the firm as they are from time to time changed, and no additional obligations can be imposed on the firm except for those which have been acknowledged in writing, by the president or his designated representatives. I hereby authorize the firm to deduct from each and every period of my pay my amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owned by me to the firm during the course of my employment.

I agree that any action or suit against the firm arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the vent giving rise to the unreasonable and unenforceable, the period of limitations shall be the minimum reasonable time in excess of 180 days. I further agree that if I should bring any non-statutory action or claim arising out of my employment against the firm, in which the firm prevails. I will pay to the firm any and all such costs incurred by the firm in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my post-offer physical (if such physical is required) are known.

Signature

Date



www.tsfpi.com

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