



This company is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws. This company will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of the job.

APPLICANT INFORMATION									
First			Last			MI		Date	
Street Address					Apartment/Unit #				
City				State		ZIP			
Phone			E-mail Address						
Date Available				Social Security No.					
Position Applied for:					Days available for work: M T W TH F S (We are open Mon-Sat)				
This job may require lifting up to up to 100 lbs. at times; do you have any physical restrictions that would not allow you to lift?								YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you a citizen of the United States?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?			
Do you have a valid Missouri Driver's License? YES <input type="checkbox"/> NO <input type="checkbox"/>					Type of License (Class F, Class E, CDL etc.)				

EDUCATION										
High School			Address							
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree
College				Address						
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree
Other				Address						
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree

PREVIOUS EMPLOYMENT										
Company					Phone					
Address					Supervisor					
Job Title				Starting Wage		\$		Ending Wage		\$
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Company					Phone					
Address					Supervisor					
Job Title				Starting Wage		\$		Ending Wage		\$
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Company					Phone					
Address					Supervisor					
Job Title				Starting Wage		\$		Ending Wage		\$
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>		NO <input type="checkbox"/>			

PREVIOUS ADDRESSES: <i>If you have lived at current address less than 5 years please list previous addresses</i>				
Street	City	State	Dates:	To:
Street	City	State	Dates:	To:
Street	City	State	Dates:	To:

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

MILITARY SERVICE

Branch		From		To	
Rank at Discharge			Type of Discharge		
Reason for Discharge					

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resumé or other supplementary materials) are true and complete without omissions. By signing below, I authorize **Mid City Lumber Co Ltd** to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

If hired I will be responsible for familiarizing myself with all rules and regulations of **Mid City Lumber Co Ltd** as they presently exist or are later modified. If hired, I understand my employment can be terminated, at the discretion of **Mid City Lumber Co Ltd** or at my option, without notice, at any time and for any reason.

I also understand that no representative of **Mid City Lumber Co Ltd** has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the president of **Mid City Lumber Co Ltd**.

I understand this application is not an offer of employment and no promises or representations of employment have made to me at this time.

I have read, understand, and agree with the above. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of applicant _____ Date ____/____/____

Print Name _____

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.