



APPLICATION FOR EMPLOYMENT

Crenshaw Lumber Co., Inc., (Crenshaw Lumber) is an Equal Opportunity Employer. Crenshaw Lumber does not discriminate of the basis of race, color sex, age, national origin, religious creed, ancestry, veteran status, marital status, disability, medical condition, sexual orientation or any other characteristic protect by applicable state or federal civil rights laws. Crenshaw Lumber will consider qualified applicants for employment, including those with criminal histories, in a manner consistent with the requirements of applicable federal, state and local laws. Those applicants with disabilities in need of assistance completing this form, or to otherwise participate in the application process, should notify the Human Resources Department.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_

Email Address \_\_\_\_\_

Present Address \_\_\_\_\_

City State Zip Code

Previous Address (if less than 7 years at present)

City State Zip Code

Daytime Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone (optional) \_\_\_\_\_

Position applying for \_\_\_\_\_ Date Available \_\_\_\_\_ Desired Salary \_\_\_\_\_

Referral Source:  Newspaper  Agency  Walk-In  Other \_\_\_\_\_
 Employee (please provide name) \_\_\_\_\_

General Information:

If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in the United States?  Yes  No

Have you ever applied to or worked for Crenshaw Lumber?  Yes  No

Do you have any friends or relatives working for Crenshaw Lumber?  Yes  No

If yes, who/relationship? \_\_\_\_\_

Are you at least 18 years old?  Yes  No

(If under 18, hire subject to verification of minimum age and work permit, if required)

Other name(s) under which employment may be verified: \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  Yes  No

If no, describe the functions that cannot be performed: \_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants or employees to perform essential functions.)



Have you ever been discharged from any employment, asked to resign or advised that if you did not resign, your employment would be terminated? If yes, please explain:  Yes  No

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**Education, Training & Experience**

If applying for a position requiring company driving, do you have a valid Driver's License  Yes  No  
 Can you provide proof of current auto insurance?  Yes  No

School	Name & Address	Course of Study	# of Years Completed	Graduate	Degree, Certificate or # of Credits
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocation/ Business				<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any related licenses and/or certifications you hold: \_\_\_\_\_

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Have any of those certifications or licenses ever been suspended or revoked?  Yes  No  
 If yes, please explain: \_\_\_\_\_

Are you fluent in any languages other than English?  Yes  No (*Optional unless required for the position for which you are applying*). If yes, which language(s): \_\_\_\_\_

Do you have any other training, experience, qualifications or skills that make you particularly suited for employment with Crenshaw Lumber? Please list: \_\_\_\_\_

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**References:**

List three persons not related to you with knowledge of your work performance in the last three years.

Name	Association	Business	Years Known	Telephone

**Work History:**

List below your employers for the past seven years, starting with your most recent employer. Account for all periods of unemployment. You **must** complete this section even if attaching a resume.



Dates of Employment From _____ To _____	Name of Company
Address	Telephone Number
Name of Supervisor	Type of Business
Position/Duties	Reason for Leaving
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Dates of Employment From _____ To _____	Name of Company
Address	Telephone Number
Name of Supervisor	Type of Business
Position/Duties	Reason for Leaving
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Dates of Employment From _____ To _____	Name of Company
Address	Telephone Number
Name of Supervisor	Type of Business
Position/Duties	Reason for Leaving
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Explain any lapses in employment, i.e., periods of unemployment, over the past 7 years: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please Read Carefully. Initial Each Paragraph and Sign Below**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that I, the undersigned applicant, have personally completed this application and that the information provided is true and correct. I understand that any omission or misstatement of fact on this application or on any document used to secure employment shall be



grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I understand that if I am offered employment, such offer may be and is conditioned upon the successful completion of a reference check, background investigation, applicable licensure/certification verifications and I-9 verification. I hereby authorize Crenshaw Lumber, to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Crenshaw Lumber, any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Crenshaw Lumber, my former employers and all other persons, corporations, partnerships and associations for any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. *Note: qualified applicants for employment, including those with criminal histories, will be considered for employment in a manner consistent with the requirements of applicable federal, state and local laws.* If the investigation involves a third party reporting agency you will be asked to sign a separate authorization form.

\_\_\_\_\_ I understand that nothing contained in the application or conveyed during any interview that may be granted or during my employment, if hired, is intended to create an employment contract between me and Crenshaw Lumber. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice or cause, at will, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the President of Crenshaw Lumber.

\_\_\_\_\_ I understand that should a search of public records (including records documenting a criminal conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by Crenshaw Lumber, I am entitled to copies of any such public records obtained by Crenshaw Lumber unless I check the box below. If I am not hired because of such information, I am entitled to a copy of any such records even though I have checked the box below.

\_\_\_\_\_ I waive receipt of a copy of any public record described in the paragraph above.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**FOR ADMINISTRATIVE USE ONLY**

Position(s) applied for: \_\_\_\_\_  Available  Not Available

Other positions considered for: \_\_\_\_\_ Hired:  Yes  No

Date of Hire: \_\_\_\_\_ Completed By: \_\_\_\_\_ Date: \_\_\_\_\_