



WITHERS LUMBER
 Experience.Knowledge.Service.
 Since 1928

TEAM MEMBER APPLICATION

Withers Lumber is a small, family owned and operated lumber company and has been doing business since 1928.

The past 80 years have given us the experience and knowledge to provide quality service that customers have come to expect in the lumber industry.

We have 3 locations now serving the greater Salem-Woodburn and surrounding areas and we are proud of our company and the people who work with us.

THE TIMID NEED NOT APPLY, ARE YOU WILLING TO:

- Pitch in as part of a team to get the job done?
- Make the effort and go the extra mile for customer satisfaction?
- Efficiently operate in an upbeat and busy environment?
- Face challenges head-on by using creativity and composure to create solutions to meet company and customer needs?

We easily and quickly recognize the few special people who have long term potential and are team oriented achievers!

WE REALLY VALUE SOME THINGS THAT YOU SHOULD KNOW ABOUT

- Hospitality: We want only the friendliest people serving our customers.
- Quality: We strive to provide the best quality lumber and materials to meet the high standards of today's customers.
- Service: We insist on courteous and friendly service procedures.
- Cleanliness: We require a clean environment in which customers can feel comfortable doing business.

HOW WOULD RATE YOURSELF ON WITHERS ACHIEVEMENT PROFILE?

(1=Weak 2=Improvement needed 3=Solid 4=Strength 5=Superstar)

- _____ Hospitality: Your natural friendliness and customer service skills.
- _____ Energy Level: Your enthusiasm, self-motivation and sense of urgency.
- _____ Reliability: Your dependability, attendance, self-discipline and dedication.
- _____ Communication Skills: Your ability to listen well, express yourself clearly and accept feedback.
- _____ Teamwork: Your cooperation with others and team spirit

Corporate

245 Young Street
 PO Box 585
 Woodburn, Oregon 97071
 Phone 503-981-4726
 Fax 503-981-3964

Woodburn

245 Young Street
 PO Box 585
 Woodburn, Oregon 97071
 Phone 503-981-0195
 Fax 503-981-0197

Brooks

9105 Portland Rd NE
 PO Box 9067
 Brooks, Oregon 97305
 Phone 503-393-3993
 Fax 503-393-3995

Silverton

1206 Eska Way
 PO Box 70
 Silverton, OR 97381
 Phone 503-873-5116
 Fax 503-873-0588



WITHERS

245 Young St
WOODBURN

9105 Portland Rd NE
BROOKS

1206 Eska Way
SILVERTON

FOR OFFICE USE ONLY	
Work Location _____	Rate _____
Position _____	Date _____

Position(s) Applied For _____	Date of Application _____
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Last Name _____	First Name _____	Middle Name _____
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Address Number _____	Street _____	City _____	State _____	Zip Code _____
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Telephone Number(s) _____	Social Security Number _____
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Date available for work ____/____/____

Are you available to work: Full Time Part Time AM or PM Temporary- indicate dates
 ----/---- to ----/----

What is your desired salary range? _____

Best time to contact you at home is: _____:_____ AM PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If yes, give date _____

Have you ever been employed with us before? Yes No
 If yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No
 If Yes, state name, relationship and location _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

How did you learn about us? Advertisement Employment Agency Friend Relatives
 Inquiry Other _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer Name, Address, Phone Number	Dates Employed		Work Performed Including skills & responsibilities
	From	To	
Job Title- starting: ending:	Hourly Rate/Salary		
Supervisor: Phone:	Starting	Final	
Reason for Leaving			
Employer Name, Address, Phone Number	Dates Employed		Work Performed Including skills & responsibilities
	From	To	
Job Title- starting: ending:	Hourly Rate/Salary		
Supervisor: Phone:	Starting	Final	
Reason for Leaving			
Employer Name, Address, Phone Number	Dates Employed		Work Performed Including skills & responsibilities
	From	To	
Job Title- starting: ending:	Hourly Rate/Salary		
Supervisor: Phone:	Starting	Final	
Reason for Leaving			

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. _____ YES _____ NO

PERSONAL/PROFESSIONAL REFERENCES *Do not include family members or past supervisors*

Name	Phone Number	Best Time to Call	Occupation
1			
2			
3			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization 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. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date