

WOOD TREATERS, LLC
APPLICATION FOR EMPLOYMENT

The application must be filled out completely and in detail. I certify that answers given herein are true and complete. I understand that false or misleading information given in my application and interview may result in discharge. I understand, also, that if hired, the employment relationship is "employment-at-will" and that I am required to abide by all rules and regulations of the employer. I agree to allow myself to be tested for illegal drug usage. I authorize investigation of all statements contained in this application, including a criminal background check, consumer reports, motor vehicle reports, etc. I specifically authorize former employers to release employment information to Wood Treaters, LLC.

DATE

SIGNATURE OF APPLICANT

PERSONAL:

NAME:	PHONE:
Current Address:	City/State/Zip
How long at this address:	Birthdate:
Previous Address:	City/State/Zip
How long at this address:	# of Dependents:
Marital Status:	Social Security #:
Spouse's Name:	Occupation:
Spouse's Employer:	Salary:
List Children and their ages:	
Are there any hours, shifts, days you will not work?	
Are you seeking FULL TIME or PART TIME work?	
Are you willing to work overtime?	
Have you ever been convicted of a felony? _____ If so, give details.	
List friends or relatives now working or who have worked at Wood Treaters.	
List Job(s) you are interested in applying for:	
Have you read the job description of the position you are applying for?	
Are you able to perform the essential functions of the job listed?	
Wage or Salary Desired:	When can you start work?
I have a Drivers License _____/Commercial Drivers License _____	
If yes, leave a copy of your license & give license number:	

EDUCATION: LIST NAME AND LOCATION:

HIGH SCHOOL _____ GRADUATE: _____

COLLEGE: _____ GRADUATE: _____

List major area of study and degree if any. _____

EMPLOYMENT HISTORY: Start with your last job and list each employer. Complete all address and phone information.

1. EMPLOYER:		ADDRESS:	
PHONE:	JOB TITLE:	DATE STARTED	
DATE LEFT:	SUPERVISOR:	WAGE/SALARY:	
REASON FOR LEAVING:			
2. EMPLOYER:		ADDRESS:	
PHONE:	JOB TITLE:	DATE STARTED	
DATE LEFT:	SUPERVISOR:	WAGE/SALARY:	
REASON FOR LEAVING:			
3. EMPLOYER:		ADDRESS:	
PHONE:	JOB TITLE:	DATE STARTED	
DATE LEFT:	SUPERVISOR:	WAGE/SALARY:	
REASON FOR LEAVING:			

PERSONAL REFERENCES: Please list the names, address and phone of persons able to give you a personal reference.

	NAME	ADDRESS	PHONE
1			
2			
3			

I authorize my former employers and others listed above to release information in connection with this employment application to Wood Treaters, LLC

DATE

APPLICANTS SIGNATURE