



We help plan, supply and deliver dreams.
www.hilltoplbr.com

An Equal Opportunity Employer

Application for Employment

General

Name

Address

City State Telephone

Date Available for Employment

Have you ever been employed by this company? Yes No

In compliance with federal law, all persons hired will be required to verify their identity and eligibility to work in the United States, and to complete the required employment eligibility verification document form upon hire.

Type of work desired:

If applying for a position where driving is required, do you have a valid driver's license in this state? License #

We have given you a job description for the position(s) you have applied for. Can you perform the essential functions of the job(s) for which you are applying with or without reasonable accommodations?

Are you available to work Full-Time Part-Time Overtime?

Education

Table with 4 columns: School Name and Address, High School, College, Graduate. Rows include Grade Completed and Course of Study.

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, race, color, national origin, religion, disability, sex, or any other protected status in accordance with applicable federal and state equal employment opportunity laws.

Special Skills, Qualifications, and Considerations

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking:

References

List three (3) non-relatives who are familiar with your qualifications, work history, and ability.

Table with 4 columns: Name, Occupation/Relationship, Years Known, Telephone

## Employment Experience

Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_ (mo/yr) to \_\_\_\_\_ (mo/yr)  
Duties \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_ (mo/yr) to \_\_\_\_\_ (mo/yr)  
Duties \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_ (mo/yr) to \_\_\_\_\_ (mo/yr)  
Duties \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**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 resume or other supplementary materials submitted in connection with my application for employment) are true and complete without omissions. By signing below, I authorize **Hilltop Lumber** to investigate all statements contained in this employment application as the company 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 Hilltop Lumber to contact any of the persons or organizations named in this application, and I authorize those persons and organizations to give Hilltop Lumber complete information and records regarding my employment, education, character, and qualifications.

I understand that any offer of employment by Hilltop will be conditioned upon me passing any background check, drug and/or alcohol test, and/or other pre-employment screening the company requires.

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

I also understand that no representative of **Hilltop Lumber** 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 **Hilltop Lumber**.

I understand this application is not an offer of employment and no promises or representations of employment have made to me at this time. If hired, my employment with Hilltop Lumber will be at-will, meaning that either I or Hilltop Lumber may end our employment relationship with or without notice or cause.

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

*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. 01-01-2021*