

HARBIN LUMBER COMPANY, INC. OPERATIONS AND PROCEDURES MANUAL

AN EQUAL OPPORTUNITY EMPLOYER

Section 300 – Human Resources

304.1.1 - Employment Application

NOTE: All items must be completed by the applicant before the application will be considered.

Name: _____ SSN: _____ Date: _____

Present Address: _____

Phone (Home): _____ Phone (Work): _____

If necessary, as in case of emergencies, who will receive messages for you?

Name: _____ Phone: _____ Relationship: _____

If under 18 years of age, do you have a valid work permit? YES NO

If you are not a US citizen, can you, upon employment, provide a visa or alien registration number to show eligibility to work? YES NO

Position Applying For: _____ Date Available To Work: _____

Where did you hear about this position?

- Newspaper Which one(s)? _____
- Employee Name? _____
- Other Specify: _____
- Internet

Have you ever worked for this Company? YES NO If YES, when and where? _____

When are you willing to work? Holidays Weekends Overtime All shifts Full Time Part Time Temp.

Have you ever been convicted of a felony crime or plead guilty to a felony crime? YES NO

If YES, list crime, date, age at the time and location for each conviction.

Do you have any relatives or friends who work for this Company currently? YES NO

If YES, list names and relationships.

Why are you applying for work at this time?

Why do you want to work for Harbin Lumber Company, Inc.?

PREVIOUS EMPLOYMENT RECORD

List present or most recent position first. Please give an account for all previous employers.

Company: _____ Address: _____ Phone: _____
Type of Business: _____ Employed From: _____ To: _____
Job Title: _____ Immediate Supervisor: _____
Why did you leave? _____

Describe your duties:

What did you like best about this job? Why?

What did you like least? Why?

May we contact this employer? YES NO

Company: _____ Address: _____ Phone: _____
Type of Business: _____ Employed From: _____ To: _____
Job Title: _____ Immediate Supervisor: _____
Why did you leave? _____

Describe your duties:

What did you like best about this job? Why?

What did you like least? Why?

May we contact this employer? YES NO

Company: _____ Address: _____ Phone: _____
Type of Business: _____ Employed From: _____ To: _____
Job Title: _____ Immediate Supervisor: _____
Why did you leave? _____

Describe your duties:

What did you like best about this job? Why?

What did you like least? Why?

May we contact this employer?

YES

NO

List additional employers below:

Company:	_____	Job Title:	_____	From:	_____	To:	_____
Company:	_____	Job Title:	_____	From:	_____	To:	_____
Company:	_____	Job Title:	_____	From:	_____	To:	_____
Company:	_____	Job Title:	_____	From:	_____	To:	_____

EDUCATIONAL HISTORY

Grade School / High School – highest grade completed or year graduated: _____

GED: YES NO If YES, Year: _____ College: 1 2 3 4

Area of Interest in HS: _____ Special Training: _____

Vocational School or Jr. College? YES NO Did you graduate? YES NO

Course of Study: _____ Certificate Received? YES NO

Other Schools or Training: _____

College or University: _____ Graduate? YES NO Degree: _____

Major: _____ Hrs. _____ GPA: _____ Minor: _____ Hrs. _____ GPA: _____

MILITARY SERVICE

Branch: _____ Date of Entry: _____

Date of Discharge: _____ Rank at Discharge: _____

Military Specialty: _____ Reserve Status: _____

SPECIAL SKILLS/QUALIFICATIONS

List all skills you possess and machines or equipment you can use, such as forklifts, data entry terminals, etc.

DRIVING RECORD

If applying for a position that requires driving a Company or personal vehicle, please complete the following:

Driver's License Number: _____ Do you have a CDL license? YES NO

Do you have any moving traffic violations? YES NO

Date of last DOT physical: _____ Did you pass the physical? YES NO

If you are applying for a position that requires driving trucks over 10,000 GVW, you must also complete the Driver Application Form 503.2.

AMERICANS WITH DISABILITIES ACT

To be considered "qualified" under the Americans With Disabilities Act, an applicant must be able to perform the essential functions of a job with or without a reasonable accommodation. "Reasonable Accommodation" is a modification or adjustment to a job, the work environment, or the way things are usually done that enables a qualified individual with a disability to enjoy an equal opportunity. If necessary, please request a copy of the job description for the position for which you are applying. Review this description and answer the following question:

Can you perform the essential functions of the position for which you have applied, with or without an accommodation by the Company? YES NO

TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I understand, as a condition of employment, a copy of my motor vehicle violations record may be obtained from the State Motor Vehicle Agency.

I understand that this application is not an employment contract and that, if hired, my employment and compensation can be terminated, with or without cause, at any time at the option of either the Company or me.

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: _____

Date: _____