

# HARBIN LUMBER COMPANY, INC. OPERATIONS AND PROCEDURES MANUAL

AN EQUAL OPPORTUNITY EMPLOYER

*Federal law prohibits discrimination on the basis of race, sex, religion, disability, national origin or other protective category.*

## 304.1.1 - Employment Application 06.2016

NOTE: All items must be completed by the applicant before the application will be considered. This application is considered active for 180 days. If you wish to be considered for employment after this time, you must reapply.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

Are you including your Work Ready Certificate with this application?  YES  NO

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you 18 years of age or older?  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 Specifv: \_\_\_\_\_
- Internet

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

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

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

Have you ever been convicted or plead guilty or no contest to a crime other than a minor traffic violation?  YES  NO

If YES, list each conviction and plea. Answering YES to this questions does not automatically bar you from consideration for employment.

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: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

Job Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Why did you leave?

Describe your duties:

What did you like best about this job? Why?

If you had the opportunity to change something about this job, what would it be?

May we contact this employer?  YES  NO

---

Company: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Business: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

Job Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Why did you leave?

Describe your duties:

What did you like best about this job? Why?

If you had the opportunity to change something about this job, what would it be?

May we contact this employer?  YES  NO

Company: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Pay Rate: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_  
 Why did you leave? \_\_\_\_\_

Describe your duties:

What did you like best about this job? Why?

If you had the opportunity to change something about this job, what would it be?

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: \_\_\_\_\_

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: \_\_\_\_\_

---

**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.

I understand this Company is a Drug-Free Workplace and that I will have to submit to all requirements of that program before I can be employed, including a pre-employment drug screen.

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.

I understand that if I am employed and any information I have provided is found to be false or incomplete in any respect, I will be subject to dismissal without notice.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_