



627 US ROUTE ONE, YORK, ME 03909
207.363.2004 | ELDREDGELUMBER.COM

2018

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application	
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Referred by: _____
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)					

Best time and way to contact you: _____

If you are under 18 years of age, can you provide 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: _____

Are you currently employed?..... Yes No

May we contact your present employer?..... Yes No

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

Date Available for work ____/____/____ What is your desired salary range? _____

Any restrictions: _____

Are you available to work:

Full-time

Part-time (please indicate) Morning Afternoon

Evening Weekends

Seasonal (please indicate dates available ____/____/____ - ____/____/____)

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

Can you travel if a job requires it?..... Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma/Degree
High School				
College/ Military/ Trade/ Tech and Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities which you feel are relevant to the job you are applying for. Include any military training which you feel is relevant to the job you are applying for. You may exclude anything which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

REFERENCES (Personal or Professional)

1. Name	Phone
Address	
2. Name	Phone
Address	
3. Name	Phone
Address	

Eldredge Lumber promotes a tobacco free workplace. Tobacco product usage is strictly prohibited on all company property and in all company vehicles.

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, and related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

Signature

Date