

HAVCO WOOD PRODUCTS LLC
APPLICATION FOR EMPLOYMENT

(PLEASE PRINT) Date of Application _____

Position(s) Applied For _____ Shift(s) Applied For _____

Referral Source: Advertisement Friend Relative Employment Agency Walk In Other _____

Name _____

Last

First

Middle

Current Address _____

Number

Street

City

State

Zip

Telephone (____) _____ Social Security Number _____

Are you at least 18 years of age? Yes No

Have you ever been employed at Havco before? If yes, give date _____ Yes No

If yes, reason for leaving Havco _____

If offered employment at Havco, do you have adequate and reliable transportation? Yes No

Are you employed now? Yes No

May we contact your present employer? Yes No

On what date would you be available for work? _____

Have you ever filed an application here before? If yes, give date _____ Yes No

Are you on layoff and subject to recall? Yes No

Have you ever been convicted of, or pled guilty or nolo contendere to any crime (other than a minor traffic violation)? Yes No

If yes, please explain (Note that conviction of a crime will not necessarily disqualify an applicant – the nature of the crime and when the conviction occurred will be considered) _____

Approximate rate of pay expected: _____

Are you a U.S. citizen or can you establish that you are authorized to work in the U.S.? Yes No

Do you have the physical ability to perform all essential duties of the job(s) for which you are applying? Yes No
If no, please explain: _____

Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability? Yes No

If yes, please indicate _____

List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin.) _____

Do you know any past or current employees of Havco? If so, please state names: _____

Give name, address and telephone number of three references who are not related to you and are not previous employers.

EDUCATION

	ELEMENTARY	HIGH	COLLEGE/ UNIVERSITY	GRADUATE PROFESSIONAL
School Name				
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities				
Honors Received:				

State any additional information you feel may be helpful to us in considering your employment: _____

Summarize special skills and qualifications acquired from employment or other experience.

EMPLOYMENT EXPERIENCE

PLEASE COMPLETE THIS APPLICATION IN FULL TO INCLUDE DATES, RATES OF PAY AND FULLY EXPLAIN REASONS FOR LEAVING. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Start with your present or last job. Include military service assignments and volunteer activities.

	DATES EMPLOYED		WORK PERFORMED
EMPLOYER	FROM	TO	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR			REASON FOR LEAVING – If quit or terminated, please explain.
REASON FOR LEAVING			Are you eligible for rehire? If not, why not?

	DATES EMPLOYED		WORK PERFORMED
EMPLOYER	FROM	TO	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR			REASON FOR LEAVING – If quit or terminated, please explain.
REASON FOR LEAVING			Are you eligible for rehire? If not, why not?

	DATES EMPLOYED		WORK PERFORMED
EMPLOYER	FROM	TO	
ADDRESS			
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JOB TITLE	HOURLY RATE/SALARY		
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	DATES EMPLOYED		WORK PERFORMED
EMPLOYER	FROM	TO	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR			REASON FOR LEAVING – If quit or terminated, please explain.
REASON FOR LEAVING			Are you eligible for rehire? If not, why not?

If you need additional space, please continue on a separate sheet of paper.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, sexual orientation, marital or veteran status, or the presence of a disability or handicap, as long as the applicant has the ability to perform the essential functions of the position either with or without a reasonable accommodation.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application or any other pre-employment documents shall result in termination when discovered. I authorize you to obtain an investigative consumer report and/or a report from any law enforcement agency which may include both general and personal information about me. I authorize investigation of all statements contained herein and authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

In consideration of my employment, I agree to conform to the rules and regulations of the Company and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself and without notice or liability for wages or salary except such earned at the date of such termination. I understand that no manager, supervisor or representative of management, other than the President (or ranking officer), has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

In the event that I am employed, I understand that regardless of the shift and job that I am first assigned, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of the Company. I consent to take any physical or medical examinations, including blood and urine or other tests for alcohol and drugs, requested by the Company in connection with the processing of my application for employment and further agree to take any such physical or medical examinations requested by the Company during my employment if I am offered and accept a job. I understand that such an examination may be needed in order to determine my competence to perform the job or work for which I was hired, or to identify any physical or mental condition bearing on my job performance. I understand that refusal to submit to any physical or medical examination ordered by the Company will result in rejection for employment or for disciplinary action up to and including immediate discharge. I further understand that any information obtained through such exams may be retained by the Company and is exclusively the Company's property. I also understand that the examinations will be performed by medical personnel, clinics or laboratories qualified to do the necessary work and costs for such examinations will be borne by the Company.

Applicant Signature X _____ **Date** _____

FOR OFFICE USE ONLY -- DO NOT WRITE BELOW THIS LINE

Position Considered _____

Interviewed By _____

Date _____

Accepted for Employment _____

Comments _____
