

INSTRUCTIONS: Please use ink. Please print, complete all sections, sign and date this form.

Incomplete applications will not be processed

PERSONAL INFORMATION			Date
Last Name	First Name	MI	
Address (Number and Street)			
City	State	Zip Code	
Phone Number ()	Social Security Number		
Any other name (maiden) or names you have been known as that are required to verify information on this application			
Are you aged 18 years or older?	Are you a citizen of the United States?		
Have you previously applied for a job here?	Have you previously worked at Chapman Lumber?		

POSITION DESIRED

Job Title	Wage Desired \$
Date You Can Start	Seeking FULL TIME_____ or PART TIME_____
Are you Currently Employed YES_____ or NO_____	

AVAILABILITY

Do you have a valid CT driver license?	Do you have reliable transportation to and from work?
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Please indicate the days and hours that you are available to work

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start:						
End:						

EDUCATION

High School Diploma_____ GED_____ Certificate_____ Associates Degree_____ Bachelors Degree_____
High School and Location Years Completed 1 2 3 4 (circle one)
College and Location Years Completed 1 2 3 4 5 6 (circle one)
Trade or Business School and Location Years Completed 1 2 3 4 (circle one)

WORK EXPERIENCE

List current or most recent first.

Company Name		Hire Date	End Date
Address (Street, City, State)		Phone Number ()	
Job Title		Duties	
Ending Wage \$	Reason for Leaving		
Equipment, Machinery, Vehicles or Programs Operated			
May we contact your current/former supervisor for a reference?		If Yes, please list name or names	

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Ending Wage \$	Reason for Leaving		
Equipment, Machinery, Vehicles or Programs Operated			
May we contact your current/former supervisor for a reference?		If Yes, please list name or names	

ADDITIONAL INFORMATION

Have you ever been convicted of a felony or misdemeanor? YES_____ or NO_____

If YES, provide date, city, state, offense and penalty imposed plus any pending cases:

Three horizontal lines for providing details of convictions or pending cases.

REFERENCES - PERSONAL/PROFESSIONAL

Name/Relation	Address	Phone

CERTIFICATION, AGREEMENT AND CONSENT

Important - READ THE FOLLOWING CERTIFICATION, AGREEMENT AND CONSENT CAREFULLY BEFORE SIGNING BELOW

Chapman Lumber Inc supports a drug free work environment policy. In accordance with this policy pre-employment drug testing may be required as well as testing during employment. Consent to and compliance with the policy is a condition of employment and continued employment is based on the successful passing of testing under the policy.

Chapman Lumber Inc is an Equal Opportunity Employer. We comply with all applicable Federal, State and Local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such laws nor will any information obtained in response to any question be used in violation of any such law.

In making this application for employment, I certify that the statements I have made are true, complete and correct to the best of my knowledge and I agree that any willfully false statements or misrepresentations herein, whenever discerned, are just cause for either employee or employer to refuse or to terminate employment.

I hereby authorize Chapman Lumber Inc and/or its agents to investigate my background, references, past employment, education, criminal record, driving record and credit history including information maintained by both government and private organizations, for the purpose of confirming the information contained on my application and/or obtaining information which may be material to my qualifications for employment. I specifically authorize Chapman Lumber Inc to obtain a consumer report about me containing any and all of the information described in the preceding sentence.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon my written request to the Agency that is made within a reasonable time after the application date hereof. I also understand that I may request a written summary of my rights under 15 U.S. C Section 1681 et. Seq.

I further authorize any person, business entity or government agency who may have information relative to the above to disclose the same to Chapman Lumber Inc by and through the Agency, including but not limited to any and all courthouses, public agencies, law enforcement agencies and credit bureaus regardless of whether such person, business entity or government agency compiled the information itself or received it from other sources.

I release the Company and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims or lawsuits which may arise out of the providing or use of such information.

I have given herein my true and complete legal name. All information on this form is true and correct to the best of my knowledge.

Signature	Date
Printed Full Legal Name	