

APPLICATION FOR EMPLOYMENT

W. W. Wood Products, Inc. offers equal employment opportunities to all persons. We are dedicated to a policy of non-discrimination in the hiring process and in employment on the basis of race, color, ancestry, religion, disability, age, sex, national origin, citizenship, military status, veteran status and any other category protected by law.

PERSONAL INFORMATION

Date			Social Security Number		
Name					
	Last	First	Middle		
Present Address					
	Street		City	State	Zip
Permanent Address					
	Street		City	State	Zip
Phone No.			Email Address		
Referred By					
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EMPLOYMENT DESIRED

Position	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Date You Can Start	Salary Desired
Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No			If So May We Inquire of Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever Applied to this Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No			Where?	When?
Have You Ever Been Involuntarily Discharged From a Job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain and give dates:				

Are You Willing to Take a Physical Examination and/or Drug Test at our Expense upon a Conditional Offer of Employment? Yes No

A "YES" RESPONSE TO THE NEXT QUESTION WILL NOT NECESSARILY DISQUALIFY YOU FROM CONSIDERATION FOR EMPLOYMENT WITH OUR COMPANY. THE NATURE AND CIRCUMSTANCES OF ANY CONVICTION, HOW LONG AGO IT OCCURRED, AND OTHER FACTORS, INCLUDING THE RELEVANCY OF THE CONVICTION TO THE POSITION FOR WHICH YOU ARE APPLYING, ARE ALL IMPORTANT IN THE EMPLOYMENT CONSIDERATION. THUS, PLEASE PROVIDE A COMPLETE RESPONSE TO THIS QUESTION SO THAT AN APPROPRIATE DECISION MAY BE MADE.

Have you ever been convicted of or pleaded guilty to a misdemeanor or felony (Other than a parking violation)? You are not obligated to disclose sealed or expunged records of conviction? Yes No

If yes, please state: (a) nature of the offense(s) for which you were convicted or pleaded guilty; (b) date(s) of the conviction(s) or the entering of the plea(s); (c) judgment(s) imposed; (d) name and location of the court(s) imposing the judgment(s):

EDUCATION	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL

Subjects of Special Study or Research Work

Job Related Skills (typing, driver's license, etc.)

Membership in Professional or Civic Organizations

EXCLUDE ORGANIZATIONS, THE NAME/CHARACTER OF WHICH MAY DISCLOSE YOUR RACE, SEX, COLOR, RELIGION, DISABILITY, AGE, NATIONAL ORIGIN, OR OTHER PROTECTED STATUS

FORMER EMPLOYERS List below your last four employers, starting with the last one first.

Date Month and Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES List below three persons not related to you, whom you have known at least one year.

Name	Address	Position	Years Acquainted
1			
2			
3			

ACKNOWLEDGEMENT AND AUTHORIZATION

I understand and agree that, if hired, my employment is for no definite period and can be terminated at any time with or without notice, with or without cause by either myself or W. W. Wood Products, Inc. In the event that I am employed, I understand that regardless of the shift and job that I am first employed, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of W. W. Wood Products, Inc. I understand that I must meet the standards established by W. W. Wood Products, Inc. for my job classification as a condition of initial and continued employment, which may be determined by a physical examination and/or a drug test. I understand also, that if employed, I am required to abide by all rules and regulations of W. W. Wood Products, Inc. I understand that no supervisor, officer, agent, or representative of W. W. Wood Products, Inc. other than its President, has any authority to enter into any agreement for employment for any period of time, or to make any agreement contrary to the foregoing. In addition, I understand and agree that this application shall be valid for a period of one year. If I wish to be considered after thirty (30) days, I recognize that I must complete a new application for employment.

I grant permission to W. W. Wood Products, Inc. to investigate my personal, educational, and work histories thoroughly. In addition, I authorize W. W. Wood Products, Inc. to confirm all information that I have given in connection with my application for employment and to obtain information and/or a report from any state agency or any other entity which may include both general and personal information about me. I, furthermore, release W. W. Wood Products, Inc. and its agents from liability for any acts or omissions occurring during either such investigation or confirmation, or both. I further release any one or more of individuals, organizations and their agents, educational institutions that I attended and their agents, or my former employers and their agents from any liability for any acts or omissions occurring in its or their responses to W. W. Wood Products, Inc.'s inquiries about me. This release specifically covers the employers and their agents and the educational institutions and their agents that I have identified in my responses to the inquiries made on this application form. I understand and agree that W. W. Wood Products, Inc. may deny my application for employment or if it has already employed me, that W. W. Wood Products, Inc. may terminate my employment because of information obtained during W. W. Wood Products, Inc.'s investigation or confirmation, or both, of my responses made on my employment application. Upon the termination of my employment with W. W. Wood Products, Inc. regardless of when, how, or why my employment ends, and regardless of whether W. W. Wood Products, Inc. or I terminate my employment, I authorize W. W. Wood Products, Inc. to release information about my employment history with W. W. Wood Products, Inc. and release W. W. Wood Products, Inc. and all of its agents from any liability for the disclosure of information about my employment history to either governmental agencies or employers to whom I have applied for a job.

Certification and Authorization:

I certify that I have given true and complete information in response to each category of information requested. I have also read, understood, and accepted the conditions of employment stated in this application. I further authorize the release of information as stated above. I recognize W. W. Wood Products, Inc.'s right either to revoke any employment offer or to terminate my employment if it ever finds any of my responses written on this application either to falsify or to omit, or both, any information.

Name

Date