

JOHN D. HURN & SON LUMBER COMPANY, INC.

200 W Butler St PO Box 464 Olney, IL 62450 Phone: Fax:

618-395-8576 618-395-2814

APPLICATION FOR EMPLOYMENT

(Equal Opportunity Employer)

General

NAME		
ADDRESS		
TELEPHONE () SOCIAL SECURITY #		
DATE AVAILABLE FOR EMPLOYMENT		
If employed and under 18, can you furnish a work permit?	☐ Yes	□ No
Have you ever been employed by this company?	☐ Yes	□ No
Are you employed now?	☐ Yes	□ No
May we contact your present employer?	☐ Yes	□ No
If yes, give name:		
Are you prevented from lawfully becoming employed in this country Because of visa or immigration status?	□ Yes	□ No
Type of work desired:		
If applying for a position where driving is required, do you have a valid Driver's license in this state?	□ Yes	□ No
License #		
Can you perform the essential functions of the job(s) for which you are applying?	□ Yes	□ No
Are you available to work □ FULL-TIME □ PART-TIME □ OVER	R-TIME	

HURN LUMBER is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws. **HURN LUMBER** will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of the job.

Education	Elementary	Secondary	College	Graduate	
School Name & Address					
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4	
Course of Study					
Special Skills, Quasum Summarize special skills and contact other activities related to the join of the polynomial strains and the polynomial strains are summarized to the join of the polynomial strains are summarized to the join of the polynomial strains.	ualifications, voluntee			loyment or	
References: List three (3) non-relatives wh	•	ur qualifications, wo	•	·	
Ivanic		Tears Kill			
Employment Expo	erience:				
- -		Supervisor's Name Your Job Position			
		Employed from (mo/yr) to (mo/yr)			
_		Duties			
What did you like most about	your job?				
Reason for Leaving					

Employer	Supervisor's Name
Address	Your Job Position
Telephone Number	Employed from (mo/yr) to (mo/yr
Your Salary: Starting/Ending	Duties
Employer	Supervisor's Name
Address	Your Job Position
Telephone Number	Employed from (mo/yr) to (mo/yr
Your Salary: Starting/Ending	Duties
Employer	Supervisor's Name
Address	Your Job Position
Telephone Number	Employed from (mo/yr) to (mo/yr
-	Employed from (mo/yr) to (mo/yr) Duties

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resumé or other supplementary materials) are true and complete without omissions. By signing below, I authorize **HURN LUMBER** to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

If hired I will be responsible for familiarizing myself with all rules and regulations of **HURN LUMBER** as they presently exist or are later modified. *If hired, I understand my employment can be terminated, at the discretion of* **HURN LUMBER** *or at my option, without notice, at any time and for any reason.*

I also understand that no representative of **HURN LUMBER** has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the president of **HURN LUMBER**.

I understand this application is not an offer of employment and no promised or representations of employment have been made to me at this time.

I have read, understand, and agree with the above.				
Signature of Applicant	Date			
This application is valid for only ninety (90) days fro for job openings more than ninety (90) days from da	· · ·			

(Retain for **HURN LUMBER'S** employment files.)