



EMPLOYMENT APPLICATION FORM

GENERAL

Name _____ Social Security No. _____
Last First Middle I

Address _____
Street City State Zip

Telephone No. Work _____ Home _____

Position applying for _____ Salary Desired _____

Date Available _____ Full Time _____ Part Time _____ Hours _____

Any relatives who are Directors or Employees employed by us? _____

Have you previously applied or been employed with us? _____

Why are you seeking a change in employment? _____

Have you ever been terminated from employment? _____

Please explain _____

Have you ever been convicted of a crime other than a misdemeanor? _____

Please explain _____

Are you able to perform the essential functions of the job you are applying for? _____

Equal Opportunity Employer

RETURN TO:

Kimal Lumber Co.
400 Riverview Dr.
Nokomis, FL 34275

or

Fax (941) 484-9593

or

email: jobs@kimallumber.com

EMPLOYMENT RECORD

Begin with your most recent employment including military.

DATE	NAME & ADDRESS OF EMPLOYER	SALARY	JOB TITLE/DUTIES	SUPERVISOR	REASON FOR LEAVING

REFERENCES

List 4 business references who have a knowledge of your ability.

NAME	ADDRESS & TELEPHONE NO.	JOB TITLE & COMPANY	YEARS KNOWN

AGREEMENT

We are an equal opportunity employer and do not discriminate, hiring, training, promoting or other employment practices, on the basis of race, color, religion, sex, marital status, age, national origin, or veteran or handicap status. No question in this application is intended to obtain information to be used for such discrimination.

- I understand that I must be a U.S. Citizen or a properly authorized alien to qualify for employment.
- I understand that employment is for no definite period of time and it may be terminated at any time by either the company or me.
- I agree to abide by all policies and rules and that all company information is strictly confidential.
- I agree that employment may be contingent upon the results of a drug test.
- I understand that an investigative consumer credit report may be requested prior to employment and at any time during employment and that I may request the results of the report.
- I understand that a surety bond may be required and if not bondable, I will not be offered employment.
- I certify that all statements by me on this application are true and complete and if not, are cause for disqualification or termination. This application is active for 60 days unless renewed by applicant.

Applicant Signature

Date

Emergency Contact Name: _____

Emergency Contact #: _____