

## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status

<u>Position(s) Applied For:</u>	<u>Date:</u>
<u>How Did You Learn About Us?</u> <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other	
<u>Last Name</u> <u>First Name</u> <u>Middle Name</u> .	
<u>Address: Street</u> <u>City</u> <u>State</u> <u>Zip code</u> .	
<u>Telephone Number(s)</u> <u>Home:</u> _____ . <u>Cell:</u> _____ .	<u>Social Security Number</u> /                      / <u>Date of Birth</u>

If you are under 18 years of age, can you provide required proof of you eligibility to work? Yes No .

Have you ever filed an application with us before? Yes No If Yes, give date \_\_\_\_\_ .

Have you ever been employed with us before? Yes No If Yes, give date \_\_\_\_\_ .

Are you currently employed? Yes No .

May we contact your present employer? Yes No .

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment. Yes No .

On what date would you be available for work? \_\_\_\_\_ .

Are you available to work: Full Time: Part Time: Shift Preference 1st: 2nd: \_\_\_\_\_ .

Are you currently on lay-off status and subject to recall? Yes No .

Can you travel if a job requires it? Yes No .

Do you have any *experience* in lumber manufacturing? Yes No .

If yes, please explain (include dates of employment, job duties and job title.) \_\_\_\_\_ .

Are you capable of safely and substantially performing the essential duties of the position for which you are applying with or without reasonable accommodation? Yes No .

If no, please explain: \_\_\_\_\_ .

Are you a Veteran of the U.S. Military Service(s)? Yes No .

If Yes, what Branch(es)? \_\_\_\_\_ .

Have you been convicted of a felony within the last 7 years? Yes No .

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain. \_\_\_\_\_ .

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

## Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Boyce Highlands performs reference checks. Please be accurate when listing previous employers and include telephone number(s) and supervisors name(s).

<u>Employer :</u>	<u>Dates Employed</u>		<u>Work Performed</u>
	From	To	
<u>Address:</u>			
<u>Telephone Number:</u>	<u>Hourly Rate/Salary</u>		
	Starting	Final	
<u>Job Title:</u>			
<u>Reason for leaving:</u>			
<u>Employer :</u>	<u>Dates Employed</u>		<u>Work Performed</u>
	From	To	
<u>Address:</u>			
<u>Telephone Number:</u>	<u>Hourly Rate/Salary</u>		
	Starting	Final	
<u>Job Title:</u>			
<u>Reason for leaving:</u>			
<u>Employer :</u>	<u>Dates Employed</u>		<u>Work Performed</u>
	From	To	
<u>Address:</u>			
<u>Telephone Number:</u>	<u>Hourly Rate/Salary</u>		
	Starting	Final	
<u>Job Title:</u>			
<u>Reason for leaving:</u>			

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<u>Reason for leaving:</u>				

Education	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

State any additional information you feel may be helpful to us in considering your application.

<b>Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.</b>
Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. <p style="text-align: right;">YES                      NO</p>
<b><u>References</u></b>
1
Name
Phone Number
Address:
2
Name
Phone Number
Address:
3
Name
Phone Number
Address:

**READ CAREFULLY BEFORE SIGNING**

I certify that the answers given are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as well as any available State workers' compensation history records as may be deemed necessary or prudent in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed forty-five (45) days. Any applicant wishing to be considered for employment beyond this period of time should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, pursuant to New Hampshire law, any employment relationship with this organization is of an AT WILL nature, which means that the employee may resign at any time and the employer may discharge at any time with or without cause. It is further understood that the AT WILL employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also that I am required to abide by all rules, regulations, and procedures established by the employer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Management Use Only**

Please do not fill out anything below this line.

\_\_\_\_\_  
INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
REMARKS \_\_\_\_\_

\_\_\_\_\_  
NEATNESS \_\_\_\_\_ ABILITY \_\_\_\_\_

\_\_\_\_\_  
HIRED: YES NO POSITION \_\_\_\_\_ DEPT. \_\_\_\_\_

\_\_\_\_\_  
SALARY/WAGE \_\_\_\_\_ DATE REPORTED TO WORK \_\_\_\_\_