



GANAHL LUMBER CO. EMPLOYMENT APPLICATION

An Equal Opportunity Employer

DATE: _____

1. NAME _____
LAST FIRST MIDDLE

ADDRESS _____
NUMBER AND STREET CITY STATE ZIP

2. CONTACT _____
PHONE MOBILE E-MAIL

3. POSITION DESIRED _____ STORE LOCATION _____

4. DATE AVAILABLE _____ DESIRED RATE OF PAY _____

5. HAVE YOU PREVIOUSLY APPLIED TO OR BEEN EMPLOYED WITH GANAHL LUMBER CO.? YES NO
IF YES, WHEN? _____ WHERE? _____ POSITION? _____

6. WHO RECRUITED YOU TO GANAHL LUMBER CO?
1. NAME OF PERSON _____
2. NAME OF ADVERTISEMENT / COMPANY _____
3. OTHER _____

7. NAMES OF RELATIVES OR FRIENDS EMPLOYED BY GANAHL LUMBER CO. _____

8. ARE YOU 18 YEARS OF AGE OR OLDER? YES NO CAN YOU SHOW PROOF OF AGE? YES NO

9. IF HIRED, CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? YES NO

10. GANAHL LUMBER CO. OPERATES 7 DAYS A WEEK WITH VARIOUS SHIFTS. ARE YOU ABLE TO WORK ANY ASSIGNED SCHEDULE? _____

11. EDUCATION- CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12
COLLEGE: 1 2 3 4 MAJOR _____ DEGREE/UNITS COMPLETED _____
NAME OF COLLEGE/TRADE SCHOOL/OTHER: _____

12. ADDITIONAL INFORMATION: PLEASE USE THIS SPACE TO GIVE ANY ADDITIONAL INFORMATION ABOUT YOUR QUALIFICATIONS.

WORK EXPERIENCE

HAVE YOU WORKED UNDER ANOTHER NAME IF YES, AT ANY TIME DURING THE LAST 10 YEARS? YES NO STATE NAME: _____

POSITIONS HELD DURING LAST 10 YEARS – INCLUDE U.S. MILITARY SERVICE (VOLUNTARY WORK EXPERIENCE MAY ALSO BE LISTED)

LAST OR CURRENT POSITION	FIRM NAME		PERIOD OF SERVICE (MONTH AND YEAR)		
			FROM:	TO:	
	STREET ADDRESS				
	CITY	STATE	ZIP	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE (INCLUDE AREA CODE) ()
	JOB TITLE AND WORK PERFORMED				
REASON FOR LEAVING				MAY WE CHECK WITH CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NEXT PRIOR POSITION	FIRM NAME		PERIOD OF SERVICE (MONTH AND YEAR)		
			FROM:	TO:	
	STREET ADDRESS				
	CITY	STATE	ZIP	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE (INCLUDE AREA CODE) ()
	JOB TITLE AND WORK PERFORMED				
REASON FOR LEAVING				MAY WE CHECK WITH PAST EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NEXT PRIOR POSITION	FIRM NAME		PERIOD OF SERVICE (MONTH AND YEAR)		
			FROM:	TO:	
	STREET ADDRESS				
	CITY	STATE	ZIP	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE (INCLUDE AREA CODE) ()
	JOB TITLE AND WORK PERFORMED				
REASON FOR LEAVING				MAY WE CHECK WITH PAST EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PERIODS OF UNEMPLOYMENT Describe each period of unemployment for the past 10 years in excess of 30 days in duration.

FROM		TO		REASON
MONTH	YEAR	MONTH	YEAR	

If more space is needed, use additional sheet

IN CASE OF EMERGENCY NOTIFY: _____
RELATIONSHIP NAME

_____ ADDRESS PHONE

- A. I understand that any misrepresentation, falsification or material omission of information may result in my failure to receive an offer or, if I have been hired, in my dismissal from employment. In consideration of my employment, I agree to conform to the rules and standards of the Company. Ganahl Lumber Company employs its employees "at-will" which permits the Company to change the terms and conditions of employment with or without notice, with or without cause, including, but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties, and location of work. There is no agreement, expressed or implied, between the Company and the employee for continuing or long term employment. While supervisors and managers have certain hiring authority, no supervisor or manager or representative of the Company other than the President of the Company has the authority to alter the at-will relationship. To be effective, any change to the at-will relationship must be in writing and signed by the President of the Company.
- B. I understand that prior to finalization of any offer of employment, Ganahl Lumber Company will condition the offer of employment on satisfactory completion of a medical examination, drug and alcohol screen and a criminal background check. I agree to submit to a medical examination, drug and alcohol screen and a criminal background check.
- C. I certify that the information given herein is true and I authorize GANAHL LUMBER CO. to conduct an investigation of these facts.
- D. If I am hired, I will be required to sign a Confidentiality Agreement.

If you have any questions regarding the above statements, please ask the General Manager or the Human Resources Manager before signing. DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT AND AGREEMENT.

AUTHORIZED BY: _____ DATE: _____

(Unsigned or incomplete applications will not be considered)