



1402 Monterey Highway
San Jose, CA 95110
FAX: (408) 288-2023

Application for Employment

It is our policy to provide equal employment opportunities to all qualified persons without regard to race, age, color, sex, religion, national origin, ancestry, marital status, disability as defined by law, sexual orientations, or any other basis protected by law. Southern Lumber Company is an Equal Opportunity Employer.

(Please Print) Date of Application _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Daytime Phone# _____ Evening Phone# _____

Are you over 18 years old? Yes No
If not, can you furnish a work permit? Yes No

Proof of citizenship or immigration status will be required upon employment. If hired, can you present evidence of your legal right to work in this country? Yes No

How did you hear about us? Website Advertisement Walk-In
 Referred by SLC Employee (Please provide name): _____
 Other _____

Position(s) Applied For: _____
(Please be specific)

What specific department is your area of expertise? _____

On what date would you be available for work? _____

Are you available for work: Full-time Part-time Temporary?

If applying for temporary work, what period of time will you be available? _____

Are you available to work week-ends? Yes No

Would you be available to work overtime, if needed? Yes No

Are you on a lay-off and subject to recall? Yes No

Have you filed an application here before? Yes No

Have you ever been employed here before? Yes No

Why are you applying for work at Southern Lumber Company? _____

Are you employed now? Yes No
May we contact your present employer? Yes No

If hired, would you have a reliable means of transportation to and from work? Yes No

Have you been convicted of a criminal offense?

Yes

No

(convictions for marijuana-related offenses that are more than two years old need not be listed.)

If yes, state the nature of the crime(s) and when and where convicted and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

EDUCATION

	High School	College/ University	Graduate/ Professional	Vocational/ Business	
School Name and Address					
Number of Years Completed					
Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diploma/Degree					
Course Study					

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

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name	Address	Telephone No.	Occupation	# Of Years Acquainted
1. _____				
2. _____				
3. _____				

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at SLC? If so, please explain: _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Are you able to perform all other duties of the job for which you are applying? Yes No

If no, describe the functions that cannot be performed: _____

(Note: Hiring may be subject to passing medical examination, and /or skill and agility tests.)

Employment History

List below all present and past employment starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

1. Employer	Telephone ()	Dates Employed From To		Work Performed
Address				
Job Title		Hourly Rate/Salary Starting Final		
Supervisor				
Reason For Leaving				
2. Employer	Telephone ()	Dates Employed From To		Work Performed
Address				
Job Title		Hourly Rate/Salary Starting Final		
Supervisor				
Reason For Leaving				
3. Employer	Telephone ()	Dates Employed From To		Work Performed
Address				
Job Title		Hourly Rate/Salary Starting Final		
Supervisor				
Reason For Leaving				

If you need additional space, please continue on a separate sheet of paper.

APPLICANT'S CERTIFICATION AND AGREEMENT

I understand that Southern Lumber Company requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. Therefore, I authorize Southern Lumber Company to research my past employment, education credentials and other employment-related activities. I hereby release Southern Lumber Company and those parties supplying such information to Southern Lumber Company from all liability or responsibility with respect to information supplied.

If I am hired by Southern Lumber Company, I understand that Southern Lumber Company is an at-will employer in accordance with the California Labor Code section 2922. Accordingly, either I or Southern Lumber Company may terminate the employment relationship, at will, at any time, for any reason, with or without cause or advance notice. I understand that the President of Southern Lumber Company has the sole authority to make any agreement contrary to at-will employment, and such an agreement must be in writing and signed by the President. I also understand that this constitutes the entire agreement between me and Southern Lumber Company with regard to this subject.

I understand that if I am hired, I will be asked to sign an agreement to preserve in strictest confidence all of Southern Lumber Company's business information. I agree to sign such an agreement if I am hired. I understand that if I am hired, I will not be free to hold or accept employment with others which would create of conflict a conflict of interest.

I understand that any false statements by me in connection with this application will be sufficient grounds for cancellation of consideration or immediate discharge if I am employed. I have read the above prior to signing this application.

Applicant Signature

VOLUNTARY EEO IDENTIFICATION

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position for which an individual applies. The information requested on this sheet is for compliance with certain record keeping requirements. The Company believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group status.

Name _____ Date _____

Position Applied for _____

Sex: ___ Male ___ Female

Race/Ethnic Data:

___ White (Non-Hispanic) ___ Black (Non-Hispanic) ___ Asian or Pacific Islander

___ American Indian or Alaskan Native ___ Hispanic

Regulations issued by the U.S. Department of Labor with respect to disabled individuals, disabled veterans, and Vietnam Era veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary basis, on a confidential basis, for use in accordance with regulations, and without subjecting the individual to adverse treatment.

Disabled/Veteran Classification(s):

___ Disabled Person ___ Vietnam Era Veteran ___ Special Disabled Veteran (30% or more disability)

EXPLANATION OF THE CATEGORIES:

White (Non-Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Black (Non-Hispanic): Persons having origins in any of the black racial groups of Africa.

Asian or Pacific Islander: Person having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Island, or the Indian subcontinent including, for example, China, Japan, Korea, the Philippines, Samoa, India, and Pakistan.

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.

American Indian or Alaskan Native: Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

Disabled Individual: Federal regulations define a disabled person as one who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a history of such impairment or (3) is regarded as having such impairment.

Vietnam Era Veteran: Federal regulations define a veteran of the Vietnam Era as one who (1) serves on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975.

Special Disabled Veteran: Federal regulations define a special disabled veteran as one who (1) is entitled to compensation under laws administered by the Veterans Administration for a disability rated 30% or more, or (2) was discharged or released from active duty because of a service-connected disability.

AN EQUAL OPPORTUNITY EMPLOYER