

Application for Employment

Hughes Lumber Company
5611 Bird Creek Avenue
Catoosa, OK 74015



Date of Application ____/____/____

WE PROVIDE REASONABLE ACCOMMODATION TO THE KNOWN DISABILITIES OF APPLICANTS AND EMPLOYEES UNLESS TO DO SO WOULD POSE AN UNDUE HARDSHIP. PLEASE LET US KNOW IF YOU NEED AN ACCOMMODATION TO COMPLETE THE APPLICATION PROCESS OR TO PERFORM ANY ESSENTIAL ELEMENTS OF THE POSITION SOUGHT.

INSTRUCTIONS: Answer every question, PRINT LEGIBLY

| | | | | | | | |
|--|---|--------|-----------------------|--|---|-----|--|
| PERSONAL | Name _____ | | | | | | |
| | | Last | First | Middle | | | |
| | Present Address _____ | | | | | | |
| | No. | Street | (Apt. No., Bldg. No.) | City | State | Zip | |
| | Telephone No. (At Home) (_____) _____ | | | Social Security Number _____ - _____ - _____ | | | |
| | Job(s) applied for: | | 1. _____ | | Rate of pay required \$ _____ per _____ | | |
| | | | 2. _____ | | Rate of pay required \$ _____ per _____ | | |
| | If necessary, best time to call you at home is _____ : _____ ^{am} / _{pm} | | | | | | |
| | May we contact you at work? _____ <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |
| | If yes, work number and best time to call _____ (_____) _____ - _____ : _____ ^{am} / _{pm} | | | | | | |
| | | | Area Code | Time | | | |
| | Type of employment desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary | | | | | | |
| | Have you filed an application here before? _____ <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |
| | If yes, when and where? _____ | | | | | | |
| | Have you worked for Hughes Lumber Company before? _____ <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |
| If yes, when and where? _____ | | | | | | | |
| If hired, do you have a reliable means of transportation to get to work? _____ <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |
| If hired, on what date will you be able to start work? _____ | | | | | | | |
| We are open seven days a week and many holidays to effectively serve our customers. You may be required to work weekends and some holidays. Are you able to meet the attendance requirements of the position?.... <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |
| Will you work overtime if required? _____ <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |
| What hours and days of the week would you <i>not</i> be available for work? _____ | | | | | | | |
| List any friends or relatives working for Hughes Lumber Company _____ | | | | | | | |
| Have you ever been discharged or asked to resign from any job? _____ <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |
| If yes, explain in full _____ | | | | | | | |
| _____ | | | | | | | |
| Have you ever been convicted of a felony, excluding traffic violations for which a fine of \$100.00 or less was imposed or are you on probation? _____ <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |
| <small>(Such conviction may be relevant if job related, but does not bar you from employment.)</small> | | | | | | | |
| If yes, describe in full (including dates) _____ | | | | | | | |
| _____ | | | | | | | |
| _____ | | | | | | | |
| Have you ever been refused a bond by an employer?..... <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |

(List in order, last or present employer first) Employment record should include last 10 years. If a student or been retired within the past 10 years, please indicate.

| Dates | | Complete Name, Address and Telephone Number of Employer | Rate of Pay | | Supervisor's Name & Title | Reason For Leaving |
|-------|----|---|-------------|--------|---------------------------|--------------------|
| From | To | | Start | Finish | | |
| | | | | | | |
| | | | | | | |

Summarize the work performed and job responsibilities: _____

| Dates | | Complete Name, Address and Telephone Number of Employer | Rate of Pay | | Supervisor's Name & Title | Reason For Leaving |
|-------|----|---|-------------|--------|---------------------------|--------------------|
| From | To | | Start | Finish | | |
| | | | | | | |
| | | | | | | |

Summarize the work performed and job responsibilities: _____

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|-------|----|---|-------------|--------|---------------------------|--------------------|
| From | To | | Start | Finish | | |
| | | | | | | |
| | | | | | | |

Summarize the work performed and job responsibilities: _____

| Dates | | Complete Name, Address and Telephone Number of Employer | Rate of Pay | | Supervisor's Name & Title | Reason For Leaving |
|-------|----|---|-------------|--------|---------------------------|--------------------|
| From | To | | Start | Finish | | |
| | | | | | | |
| | | | | | | |

Summarize the work performed and job responsibilities: _____

May we contact the employers listed above? YES NO If not, indicate below which one(s) you do not wish us to contact and why.

PRIOR WORK HISTORY

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? YES NO If yes, what branch? _____

Dates of duty: From _____ To _____ Rank at discharge _____
Month Day Year Month Day Year

List duties in the service including special training _____

Are you presently in the Armed Forces Reserve? YES NO
 Active Inactive Branch _____

EDUCATION

Circle highest grade completed: 5 6 7 8 9 10 11 12 College 1 2 3 4 5 6

HIGH SCHOOL **COLLEGE: Give highest degree received**

Name _____ Name _____

Address _____ Address _____
City State City State

Graduated? YES NO Graduated YES NO

Course of Study _____ Course of Study _____

Grades: Above average Average Below average Grades: Above average Average Below average

If NOT a high school graduate, do you have an equivalency diploma? YES NO What special vocational or business courses have you taken? _____

JOB KNOWLEDGE ABILITIES

Indicate below job skills you've acquired and equipment you can operate. Include time spent in each area (years, months, weeks)

| Skills | How Much Time | Skills | How Much Time | Equipment | How Much Time | Equipment | How Much Time |
|--|---------------|--|---------------|---|---------------|---|---------------|
| Mechanical <input type="checkbox"/> | | Customer Service <input type="checkbox"/> | | Truck Driver Van <input type="checkbox"/> | | Forklift <input type="checkbox"/> | |
| Electrical <input type="checkbox"/> | | Merchandising <input type="checkbox"/> | | 2-Ton Flatbed <input type="checkbox"/> | | Radial Arm Saw <input type="checkbox"/> | |
| Building Construction <input type="checkbox"/> | | Dispatching <input type="checkbox"/> | | Semi-Trailer <input type="checkbox"/> | | Panel Saw <input type="checkbox"/> | |
| Plumbing <input type="checkbox"/> | | Truck Maint. <input type="checkbox"/> | | Cash Register <input type="checkbox"/> | | Component Saws <input type="checkbox"/> | |
| Hardware <input type="checkbox"/> | | Security <input type="checkbox"/> | | Typewriter <input type="checkbox"/> | | Other <input type="checkbox"/> | |
| Cabinets <input type="checkbox"/> | | Drafting <input type="checkbox"/> | | Computer <input type="checkbox"/> | | | |
| Millwork <input type="checkbox"/> | | Blueprint Reading <input type="checkbox"/> | | Types _____ | | | |
| Carpentry <input type="checkbox"/> | | Bookkeeping <input type="checkbox"/> | | Word Processing <input type="checkbox"/> | | | |
| Building Supply <input type="checkbox"/> | | Other <input type="checkbox"/> | | Calculator <input type="checkbox"/> | | | |
| Sales <input type="checkbox"/> | | | | | | | |

Do you have supervisory experience? YES NO
 If yes, describe (number of people, type of project, etc.) _____

Do you have a valid driver's license? YES NO Type and class _____
 Driver's License Number _____ State _____

Applicants for truck driver positions must also complete a Drivers Application Form H-186. They must comply with Department of Transportation standards and guidelines for drivers.

REFERENCES

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

| | NAME | ADDRESS | PHONE | NO. OF YEARS KNOWN |
|----|-------|---------|-------|--------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |

TO THE APPLICANT

Are you 18 years old or over? YES NO (Employment is subject to verification that you are of minimum legal age.)
Are you legally eligible for employment in this country?..... YES NO
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

IN CASE OF EMERGENCY NOTIFY:

Name _____ Relationship _____
Address: _____ Phone (_____) _____
Street City State Area Code

CERTIFICATION

I give Hughes Lumber Company the right to investigate all references and to secure additional information about me, if job related. I hereby release from all liability the Company and its representatives for seeking such information and my former employers and other sources for providing such information.

I UNDERSTAND THAT JUST AS I AM FREE TO RESIGN AT ANY TIME, HUGHES LUMBER COMPANY RESERVES THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE. I UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY.

I understand that I will be expected to successfully pass a drug screen test as a part of the pre-employment process. I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the Company, to determine whether I can perform the job duties. I agree to provide additional medical information which may be required or to take a medical or any other type of examination (at the expense of the Company) appropriate to my employment with the Company.

If accepted for employment, I hereby agree to abide by all rules and policies of the Company as outlined in the Employee Handbook and other company policies and procedures, and their amendments. I also agree to wear all personal protective equipment required for the occupation in which I am engaged.

I fully understand that if I fail to answer, falsify the answer, or enter misleading answers to any question or fail to provide information which might make any of my answers on the application misleading, that this alone may result in a refusal to hire or in my termination if I am hired and I hereby agree that the Company shall not be liable in any respect if my employment is terminated or if I am not hired for this reason.

THIS APPLICATION IS CURRENT FOR ONLY 60 DAYS. At the conclusion of this time, if I have not heard from the Company and still wish to be considered for employment, it will be necessary to fill out a new application.

I HEREBY ACKNOWLEDGE that I have read and fully understand the above certification.

Date: _____ Signature of Applicant _____

In the remaining space, briefly explain why you desire to work for Hughes Lumber Company and why you would make a good employee:

All statements made by applicants for employment on this application form will be carefully checked for accuracy. The use of this form does not mean there are positions open and does not obligate Hughes Lumber Company in any way.

DO NOT WRITE BELOW THIS LINE

COMMENTS

