

## EMPLOYMENT APPLICATION

**O. L. Bolyard Lumber Co. (the "Company")** is an equal opportunity employer and does not discriminate on the basis of age, sex, race, religion, color, national origin, disability, marital status, genetic information, height, weight or other legally protected status.

If you have a disability that impairs your ability to be considered, interviewed or tested for a position, please let us know what accommodations you may require.

**Please complete the entire application and sign the Authorization and Understanding at the end of the application. If there is not enough space on this form to supply all the information necessary to answer a question or supply complete information, please attach additional pages.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Please supply any other names you have used in school or at any previous job. \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

Position applied for \_\_\_\_\_ Full Time \_\_\_\_ Part Time \_\_\_\_ If part time, specify days  
and hours \_\_\_\_\_

Starting salary expected \_\_\_\_\_

How were you referred to this Company? \_\_\_\_\_

Are any of your friends or relatives employed at this Company? \_\_\_\_\_

If yes, specify \_\_\_\_\_

Are you 18 years old or older? \_\_\_\_\_

Are you legally authorized to work in the United States? \_\_\_\_\_

**EDUCATION**

	<b>Name and Address</b>	<b>Did You Graduate?</b>	<b>Course of Study or Degree Conferred</b>
High School			
College			
Other			

Are you presently attending school or do you plan on furthering your education? \_\_\_\_\_ If so, please specify courses being taken and time commitment: \_\_\_\_\_

What experiences, skills, or qualifications do you feel qualify you for work with our organization?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted of a crime, excluding routine traffic offenses?\* \_\_\_\_\_ If yes, describe in detail:  
 \_\_\_\_\_

\*A yes response does not automatically disqualify a job applicant from further consideration.

Are there any felony charges pending against you currently? \_\_\_\_\_ If yes, please describe \_\_\_\_\_  
 \_\_\_\_\_

Do you hold any professional licenses or certifications? \_\_\_\_\_ If yes, please list and describe \_\_\_\_\_  
 \_\_\_\_\_

Have you ever had a professional license or certification revoked or suspended? \_\_\_\_\_ If yes, please list and describe:  
 \_\_\_\_\_

**EMPLOYMENT AND MILITARY SERVICE HISTORY**

Start with most recent; include your entire employment history and military service; attach additional pages, if necessary. Attach resume if available.

Company Name, Address and Telephone (or Military Branch)	Dates of Employment		Position, Duties & Supervisor	Reasons for Leaving
	To	From		

Are you currently employed? \_\_\_\_\_ May we contact your current employer? \_\_\_\_\_

**PERSONAL REFERENCES**  
(not former employers or relatives)

Name and Occupation

Telephone Number

Address

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**AUTHORIZATION AND UNDERSTANDING**

I represent that the answers and information given by me in this application are true and complete. I understand that any incomplete, misleading or false statements in this application or in an interview can result in immediate disqualification or termination, if hired.

I authorize O. L. Bolyard Lumber Co. to verify the information I have provided and to make any investigation of my background deemed necessary (excluding health and/or disability information), both at the time of application and later during my employment, if I am hired. I understand that the types of investigations which the Company may perform include reference checks including personal, employment and educational reference checks, and so forth. I understand that I may have to provide further information to assist in these investigations. I also authorize third parties (such as former employers, financial institutions, educational institutions) contacted by the Company to furnish any information relevant to my application for employment except health and/or disability information and I further release all persons and organizations from any and all liability for any and all damages whatsoever for releasing such information as authorized. I also waive all written notice from all prior employers related to providing such information.

I have no objection to signing an employee agreement on confidential information. I consent to all medical examinations and drug and alcohol testing which may be required, both during the selection process and throughout employment, if I am later hired.

I understand and agree that if I am hired, employment is "at will" and that either I or the Company can terminate my employment and compensation, with or without cause, and with or without notice, at any time. I acknowledge that no representations, either oral or written, have been made to me to the contrary and that any pre-existing understandings which contradict an "at will" status of employment are canceled. Further, I understand that only the Company President has any authority to enter into any agreement for employment for any fixed period of time, or to make any agreement contrary to the foregoing and that any such agreement must be in writing and signed by the President and me.

In consideration of my employment, I agree to conform to the rules and policies of the Company. Also, I agree not to begin any action or lawsuit relating directly or indirectly to employment with the Company more than six (6) months after the earlier of (a) the incident or event giving rise to such action or lawsuit or (b) the date of the termination of such employment. I waive any statute of limitations to the contrary. However, I agree that any shorter statute of limitations remain in effect.

This application for employment shall be considered active for sixty (60) days. If I wish to be considered for employment after that time period, I understand that I must inquire at that time whether or not applications are being accepted.

My signature below indicates that I have read and understood the above paragraphs.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Signature

Dated: \_\_\_\_\_