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# Timber Tops, LLC Application for Employment

*Please Print*

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It is the policy of Timber Tops, LLC to provide equal employment opportunities to qualified applicants without regard to race, color, sex, religion, national origin, age, veteran status or disability.

## IMPORTANT, PLEASE READ

If due to a disability, you believe you need a reasonable accommodation to participate in any phase of the application process, please let us know.

This application will not be considered unless full and satisfactory answers in your own handwriting are made to all questions on the following pages. This is not a continuing application, unless accepted or rejected earlier, this application will remain valid for sixty days from its date, after which it shall be void. It shall not be renewed without submission and completion of a new application.

This application is not only a factor in considering you for employment but is also kept as a permanent record if employed. Please read over the data you have given with this point in mind and make certain that all of the requested information has been accurately and completely supplied.

To be valid, this application must be signed by you.

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## PERSONAL INFORMATION

Application Date:        -        -

Social Security Number:        -        -

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

The best time to call you at home: \_\_\_\_\_

Work Phone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please give the name, address and phone number of person(s) to contact in case of emergency: \_\_\_\_\_

Are you under the age of 18 years? Yes No

If YES, can you provide the company with a work permit? Yes No

Are you a citizen of the United States? Yes No

If NO, are you eligible for employment in the U.S.? Yes No

Are you presently employed? Yes No If YES, where? \_\_\_\_\_

If YES, can we call you at work? Yes No

Are you on layoff and subject to recall? Yes No

Have you been convicted of a violation of the law other than a minor traffic violation?

Yes No *(When answering this question, do not include convictions resulting from a juvenile adjudication, participation in any pretrial or post trial diversion program, or information included in any sealed or expunged criminal record.)*

If YES, please give details: \_\_\_\_\_

Are you proficient in any language in addition to English? Yes No

If YES, what language? \_\_\_\_\_

What other names have you been formally known by while working or attending school?

Position(s) for which you are applying: \_\_\_\_\_

Working schedule desired:

Availability: Full Time Part Time Temporary

Date available to work: \_\_\_/\_\_\_/\_\_\_

Working hours: from \_\_\_\_\_ to \_\_\_\_\_ Working days: M T W Th F S Sun

Are you willing to work:

Weekends Yes No Holidays Yes No Overtime Yes No

Have you been employed by our company before? Yes No

If YES, please give the date that employment ended: \_\_\_/\_\_\_/\_\_\_

What position? \_\_\_\_\_

Have you been discharged from a job or requested to resign? Yes No

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Employers** (List current or most recent position first)

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Name of employer: \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_

Position held: \_\_\_\_\_ Salary: Start \_\_\_\_\_ End \_\_\_\_\_

Describe the responsibilities of your position: \_\_\_\_\_

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Name of immediate manager: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

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Name of employer: \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_

Position held: \_\_\_\_\_ Salary: Start \_\_\_\_\_ End \_\_\_\_\_

Describe the responsibilities of your position: \_\_\_\_\_

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Name of immediate manager: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

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Name of employer: \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_

Position held: : \_\_\_\_\_ Salary: Start \_\_\_\_\_ End \_\_\_\_\_

Describe the responsibilities of your position: \_\_\_\_\_

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Name of immediate manager: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

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### Military Service

Are you a veteran    Yes    No

If YES, Please give dates of service: From \_\_\_\_\_ To \_\_\_\_\_

Last rank held: \_\_\_\_\_

Please indicate special skills or training: \_\_\_\_\_

\_\_\_\_\_

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### References (Personal, Professional, and/or Academic)

Name: \_\_\_\_\_

Organization where person is employed: \_\_\_\_\_

Years known: \_\_\_\_\_

Address of person: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Organization where person is employed: \_\_\_\_\_

Years known: \_\_\_\_\_

Address of person: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Organization where person is employed: \_\_\_\_\_

Years known: \_\_\_\_\_

Address of person: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

\_\_\_\_\_

Do you grant our company permission to contact the above references other than your current employer:    Yes    No

Do you grant our company permission to contact your current employer:    Yes    No

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**Educational Information**

School	Name & Location of Schools	Years Attended	Degree
High School	_____	_____	_____
College	_____	_____	_____
Business or Technical School	_____	_____	_____
Other	_____	_____	_____

With what professional or technical societies are you certified?

\_\_\_\_\_  
\_\_\_\_\_

Do you understand and agree that if you are hired that your employment will be conditional upon you successfully completing whatever tests may be required by our company, including, but not limited to, drug and alcohol testing?      Yes      No

If NO, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Applicant's Acknowledgment & Statement**

I give Timber Tops, LLC the right to investigate all references and to secure additional job-related information about me. I hereby release from liability Timber Tops, LLC and its representatives for seeking such information and all other person, corporations, or organizations furnishing such information.

I understand that Timber Tops, LLC is an equal opportunity company. Timber Tops, LLC does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only sixty (60) days. At the conclusion of this time, if I have not heard from Timber Tops, LLC and still wish to be considered for employment, it will be necessary for me to fill out a new application.

I also understand that should I be employed by Timber Tops, LLC, I will be required, in accordance with the Immigration Reform Control Act of 1986, to provide on my first day of employment documents providing proof of my identity and employment eligibility status. I acknowledge that this verification is a condition of employment and that failure to comply will void my offer of employment.

I understand that should I be employed by Timber Tops, LLC, my employment will be "at will." This means that either party may end the employment relationship at any time, with or without notice. No promise or guarantee exists that my employment will continue for any specific period of time.

I understand that should I be employed by Timber Tops, LLC, I may be required to sign a form which protects Timber Tops, LLC's confidential information, a noncompetition agreement, or other job-related agreements or forms.

I understand that Timber Tops, LLC's offers of employment are limited to those contained in written offer letters to prospective employees. I also understand that any verbal discussion of terms or conditions of employment by Timber Tops, LLC representatives are not binding on Timber Tops, LLC unless confirmed in such offer letters.

I understand that Timber Tops, LLC's place of business is a drug-free environment.

I have read and understand the provisions outlined above and affirm that the information is complete and true. I understand that, if employed, any false statements may be considered sufficient cause for termination.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_