

APPLICATION FOR EMPLOYMENT

Qualified applicants receive consideration for employment without discrimination because of sex, sexual orientation, marital status, race, color, creed, national origin, age, the presence of disability, or any other class protected by applicable law.



110 NE Greenwood Avenue Bend, Oregon 97701

PERSONAL INFORMATION

Last Name	First Name	Middle Name	Phone Number	Today's Date
Present Address		City	State	Zip

EMPLOYMENT DESIRED Please indicate the position(s) desired or the category of work for which you are applying

Position(s) applied for:	Are you able to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Will visa or immigration status prevent lawful employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
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EDUCATION

Name of School	Location	Circle last year completed	Did you graduate	Subjects studied and degrees received
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade/Business/Military training or correspondence school		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT RECORD List last four employers, starting with last or current one first

Name of Current Employer:	Company Phone Number	Type of Work, Special Skills	Employment dates (month & year) From _____ To _____
_____	_____	_____	_____
	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Reason for leaving: _____
Street Address	_____	_____	Starting Salary: _____
City State Zip	Person to Contact	_____	Ending Salary: _____
Name of Previous Employer:	Company Phone Number	Type of Work, Special Skills	Employment dates (month & year) From _____ To _____
_____	_____	_____	_____
	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Reason for leaving: _____
Street Address	_____	_____	Starting Salary: _____
City State Zip	Person to Contact	_____	Ending Salary: _____
Name of Second to Last Employer:	Company Phone Number	Type of Work, Special Skills	Employment dates (month & year) From _____ To _____
_____	_____	_____	_____
	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Reason for leaving: _____
Street Address	_____	_____	Starting Salary: _____
City State Zip	Person to Contact	_____	Ending Salary: _____
Name of Third to Last Employer:	Company Phone Number	Type of Work, Special Skills	Employment dates (month & year) From _____ To _____
_____	_____	_____	_____
	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Reason for leaving: _____
Street Address	_____	_____	Starting Salary: _____
City State Zip	Person to Contact	_____	Ending Salary: _____

GENERAL INFORMATION:

Are you below the age of 18? _____ If yes, what is your age? _____

Do you have a valid driver's license: Private: _____ Commercial: _____ List any citations in the past five years: _____

Does your vehicle operator's license include any restrictions: _____

REFERENCES: List three people (other than relatives or former employers) who know you well and who the Miller Lumber Company may contact:

Name Address Phone Number

Name Address Phone Number

Name Address Phone Number

State any special skills or qualifications you possess which would benefit the Miller Lumber Company. Please use this space to make any other comments:

You must be able to perform the essential functions of the job for which you are applying either with or without accommodation. If given a conditional job offer, you may be required to submit to a physical examination to confirm your ability to perform those essential functions.

In the event of a final interview, I understand that I will be required to submit a urine sample for drug screening purposes prior to completion of the employment process. If I refuse, or if I do not comply with testing procedures, I understand that I will not be considered further. I understand that if my urine screens positive for illegal substances and/or prescription drugs whose use has not been prescribed by a licensed physician, I will not be considered for employment. Note: while its legal status may be evolving under state law, marijuana remains illegal under federal law, and testing positive for marijuana is grounds for Miller Lumber to rescind your conditional offer of employment. All test results are confidential.

In the event of employment, I hereby affirm that the information on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I understand also that I am required to abide by all rules and regulations of this company. I acknowledge that any employment relationship with this company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause, for any lawful reason.

I authorize investigation of all statements contained in this application as may be deemed necessary for an employment decision. I consent to a release of medical evaluation/drug testing reports to Miller Lumber. I certify that the answers given on this application are complete to the best of my knowledge.

Signature _____

Date _____