

Application for Employment

Please complete entire application and return to any Miller Lumber location or email to jobs@mlumber.com

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



The Miller Lumber Company is a drug-free workplace and pre-employment drug testing is required.

Desired Employment

Position(s) applied for	Date available for employment
Are you able to perform the essential functions of desired position (either with or without reasonable accommodations)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work availability (mark all that apply) <input type="checkbox"/> Part time <input type="checkbox"/> Full Time <input type="checkbox"/> Overtime

Personal Information

Full legal name		Preferred name (if different)	
Street address	City	State	ZIP
Phone number(s)		Email	
Emergency contact name		Emergency contact number	
Are you legally eligible for work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If selected for employment, are you willing to submit to a background check? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, what is your age?	

Education

School Name	Location	Years Completed	Did you graduate?	Degree/Major
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment History

Please list your last four employers, starting with the most recent or current employer first.

Name of current employer		Position	Company phone number
Street Address	City	State	ZIP
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Person to contact	
Type of work, special skills			
Employment dates (month and year)	Start Date:	End Date:	
Reason for leaving			

Name of previous employer		Position	Company phone number
Street Address	City	State	ZIP
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Person to contact	
Type of work, special skills			
Employment dates (month and year)	Start Date:	End Date:	
Reason for leaving			

Name of second to last employer		Position	Company phone number
Street Address	City	State	ZIP
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Person to contact	
Type of work, special skills			
Employment dates (month and year)	Start Date:	End Date:	
Reason for leaving			

Name of third to last employer		Position		Company phone number	
Street Address		City		State	
				ZIP	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No				Person to contact	
Type of work, special skills					
Employment dates (month and year)		Start Date:		End Date:	
Reason for leaving					

References

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

Name	Phone Number	Email Address (optional)	Relationship

Special Skills and Qualifications

Please state any special skills or qualifications which would benefit the Miller Lumber Company (e.g., ability to operate office and/or yard equipment, knowledge of building materials, construction techniques, demonstrated leadership, management skills etc.). You may also use this space to make any additional comments.

Driving Qualifications

For driving positions only. Skip to signature page if you're applying for a non-driving position.

<p>What class of driver's license do you hold?</p> <input type="checkbox"/> C (standard) <input type="checkbox"/> C (CDL w/o air brakes) <input type="checkbox"/> C (CDL w/ air brakes) <input type="checkbox"/> (CDL w/o air brakes) <input type="checkbox"/> B (CDL w/ air brakes) <input type="checkbox"/> A (CDL)	<p>Driver's license state, number, and expiration date</p>	<p>Endorsements (i.e. hazardous materials)</p>
<p>Have you ever been denied a license, permit, or permit to operate a motor vehicle?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Does your vehicle operator's license include any restrictions?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Have you ever had a license, permit, or privilege suspended or revoked?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please explain _____

Driving Experience

Class of Equipment	Type of Equipment (van, tank, flat, dump, refer)	Dates (From – To)
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No		
Tractor and Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No		
Tractor – Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No		
Tractor – Three Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No		

Accident Record

Please list any accidents from the last 3 years, starting with the most recent first.

Date	Nature of accident (head-on, rear-end, upset, etc.)	Fatalities	Injuries

Please list any safe driving awards, special courses, or training that would help you as a driver.

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 all information on his application (and accompanying resumé, 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