



Healdsburg Lumber Company
 359 Hudson St.
 Healdsburg, CA 95448
 Phone :707-431-9663
 Fax: 707-723-0352
www.hlc-inc.com

HEALDSBURG LUMBER COMPANY AND Its ENTITIES ARE AN EQUAL OPPORTUNITY EMPLOYERS

State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, sex (including gender identity, sexual orientation, transgender), religion, age, mental or physical disability, veteran status, medical condition, marital status, pregnancy, or any other characteristic protected by federal, state or local law.

NOTE: Please answer all questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship.

PERSONAL INFORMATION

Please print clearly. Use additional pages as necessary.

1. Name:

<i>Last</i>	<i>First</i>	<i>Middle</i>
-------------	--------------	---------------

2. Address:

<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
---------------	-------------	--------------	------------

3. Telephone Number: () -

4. Email Address

5. Are you at least 18 years old? Yes No

• If employed & under the age of 18, can you furnish a work permit? Yes No

6. How did you hear about the availability of the position for which you are applying?

<input type="checkbox"/> Internet	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Current Employee: _____ (please indicate name)
<input type="checkbox"/> Friend	<input type="checkbox"/> Relative	<input type="checkbox"/> Walk-In Other: _____

7. Do you have a legal right to work in the United States? Yes No *If employed, you will be required to provide proof.*

8. Have you applied to Healdsburg Lumber Company for employment in the past? Yes No

If yes, when? _____ Position applied for: _____

9. Do you have any relatives currently employed by Healdsburg Lumber? Yes No

If yes, who? _____ What relation to you? _____

10. Have you ever used another name that we would need to verify your employment experience and education?

Yes No If yes, indicate such name and the date the name changed:

11. Are you currently employed? Yes No *If yes, may we contact your current employer at anytime?* Yes No

You may contact my current employer, but only when:

12. If hired, are you able present evidence of your right to live and work in the United States? Yes No

POSITION

1. Position for which you are applying:

_____ First Choice

_____ Second Choice

2. Salary/wage desired:

per

3. Are you available to work?

- Full-Time Part-Time Temporary On-Call
 Evenings Weekends Overtime Split Shift Over Nights
 Other: _____

4. When would you be available to start working? _____

5. If the position you are applying for requires the use of a vehicle, do you have a valid driver's license? Yes No

License #: _____ Class: _____ State: _____ Expiration Date: _____

Have you been given a Job Description, or have the requirements of the job been explained to you? Yes No

Do you understand these requirements? Yes No

6. Can you perform any or all of the essential job functions for the position you are seeking, with or without reasonable accommodation? Yes No

7. Can you meet the attendance standard of our company, which requires all employees to report for work on time for all scheduled days or shifts? Yes No

SPECIAL SKILLS & TRAINING

1. Describe specialized training, apprenticeships, skills or research:

2. List current certifications and/or professional licenses, if any, and where registered:

3. Office/business equipment and software qualified or trained to use:

4. Check special skills or training:

- Bookkeeping Supervision Inside/Outside Sales CPR/First Aid
 Human Resources Accounting Purchasing Maintenance/Facilities
 Finance Driving Carpentry Specific Certification - _____
 Administration Forklift Customer Service _____

5. Please indicate any language skills, other than English, below:

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	FLUENT	GOOD	FAIR									
	<input type="checkbox"/>											
	<input type="checkbox"/>											

EMPLOYMENT EXPERIENCE

Directions: Begin with your present or last position. Account for all periods of time, including military experience, and periods of unemployment and the nature of your activities. Since we will make every effort to contact previous employers, correct telephone numbers are appreciated.

THE FOLLOWING MUST BE COMPLETED IN DETAIL-- RESUMES ARE NOT ACCEPTED IN LIEU OF THIS INFORMATION.

1. Employer	Dates Employed		Key Responsibilities
	From	To	
Address			
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Telephone Number	Supervisor's Name, Title and Telephone Number		
Job Title			
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?			

2. Employer	Dates Employed		Key Responsibilities
	From	To	
Address			
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Telephone Number	Supervisor's Name, Title and Telephone Number		
Job Title			
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?			

3. Employer	Dates Employed		Key Responsibilities
	From	To	
Address			
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Telephone Number	Supervisor's Name, Title and Telephone Number		
Job Title			
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?			

**Please copy this page to document additional positions*

EMPLOYMENT REFERENCES

Please provide names of supervisors or others who can speak to your work ethics, skills and experience.

Name	Business Relationship	Organization/Address	Telephone

ACKNOWLEDGEMENT

DIRECTIONS: PLEASE READ THE FOLLOWING CAREFULLY AND INITIAL BEFORE SIGNING THIS APPLICATION FORM.

	I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
	I authorize Healdsburg Lumber Company or its designated agents to contact my references and to investigate my past employment, credit history, education credentials, Department of Motor Vehicles driving record, and other employment-related activities, without giving me prior notice of such disclosure. I agree to cooperate in such investigations and release those parties supplying such information to Healdsburg Lumber Company from all liability or responsibility with respect to information supplied to Healdsburg Lumber Company.
	In compliance with federal law, I understand that if hired, I will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.
	I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Healdsburg Lumber Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Healdsburg Lumber Company's designated representative.
	If employed by Healdsburg Lumber Company, I agree to abide by the rules, policies and procedures of Healdsburg Lumber Company and subsequent rules, policies and procedures that may become effective after employment. I understand that my initial and continued employment may be contingent upon the successful completion of a medical examination and background, and such examination may include drug and alcohol screening. I understand that Healdsburg Lumber Company believes strongly in a drug-free work environment and agree to abide by the drug and alcohol policies of Healdsburg Lumber Company during the time of my employment.
	Should a search of public records be conducted by internal personnel employed by Healdsburg Lumber Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below. "Public records" are defined by California state law and means records documenting an "arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment." (Civil Code section 1786.53) Any public records request conducted by internal personnel employed by the Company will only be used to the extent allowed by federal, state, or local law. <input type="checkbox"/> I waive receipt of a copy of any public record described in the paragraph above.

Signature of Applicant

Date