

## APPLICATION FOR EMPLOYMENT

Desired Employment Location

380 Railroad Ave, Grass Valley, CA 95945

## PRE-EMPLOYMENT QUESTIONNAIRE AN EQUAL OPPORTUNITY EMPLOYER

"Your Local Home Center Since 1921" 1000 Canyon Way, Colfax, CA 95713 Date Last Name First Name Middle Mailing Address City State Zip State Zip Physical Address City Phone Number Email Address Yes Are you able to be legally employed in the United States? No Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No If hired, would you have a reliable means of transportation to and from work? Yes No Are you able to perform the essential functions of the job for which you are applying for, Yes No either with or without reasonable accommodation? Position Date you can start Salary Desired Regular part-time work? Are you applying for: Regular full-time work? Yes No No What days and hours are you available for work? Are you available for work on weekends? No Would you be available to work overtime, if necessary? Yes Nο Are you employed now? No If yes may we inquire of your present employer? Yes No Ever applied to Hills Flat Lumber Co. before? When? No Where? Yes When? Ever worked for Hills Flat Lumber Co. before? Yes Where? Reason for Leaving Who referred you to Hills Flat Lumber Co. **Employment agency** Newspaper advertisement Other State employment office College placement service Walked in Friend School Level Subjects Studied Name and Location of school No. of years attended High School Did you graduate? Yes No No. of years attended College Did you graduate? Yes No Trade School No. of years attended Did you graduate? Yes No Subjects of special study or research work Special Training/Skills

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LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST					
Employer Name	Employer Address			Starting Date (month / year)	Leaving Date (month / year)
Job Title		May we contact your supervisc	or? Yes	Name and title of supervisor	Phone No.
Description of work				Reason for leaving	
Employer Name	Employer Address			Starting Date (month / year)	Leaving Date (month / year)
Job Title		May we contact your superviso	or? Yes	Name and title of supervisor	Phone No.
Description of work				Reason for leaving	
Employer Name	Employer Address			Starting Date (month / year)	Leaving Date (month / year)
Job Title		May we contact your superviso	r? Yes	Name and title of supervisor	Phone No.
Description of work			. 55	Reason for leaving	
LIST BELOW THREE REFERENCES NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR					
Reference Name	Phone No.		Business		Years known
Reference Name	Phone No.		Business		Years known
Reference Name	Phone No.		Business		Years known
Branch of Service					-
Branch of Service				Discharge Date Ra	nk

## National Guard Reserves

Present Membership in National Guard Reserves

Date Obligation Ends



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Do you have a family member or relative working at Hills Flat Lumber Inc.?

Yes

lo If yes, please explain below.

## **AUTHORIZATION**

I understand I will be subject to a pre-employment drug and alcohol test and must receive a negative result to commence employment with Hills Flat Lumber Inc..

I have read and understand the above statement.

I understand I will be subject to a pre-employment medical examination after receiving a conditional offer of employment and must meet the qualifications for the position, with or without reasonable accommodation, to commence employment with Hills Flat Lumber Inc..

I have read and understand the above statement.

I understand that I may voluntarily terminate my employment with Hills Flat Lumber Inc. at any time; also, I understand that Hills Flat Lumber Inc. reserves the right to terminate my employment with or without notice or cause, unless I am provided a written contract that states otherwise.

I have read and understand the above statement.

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 other 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 have read and understand the above statement.

I hereby authorize Hills Flat Lumber Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further authorize the references I have listed to disclose to Hills Flat Lumber Inc. any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Hills Flat Lumber Inc., my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I have read and understand the above statement.

In compliance with federal law, all persons hired 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 have read and understand the above statement.

My digital signature below is evidence that I have read and agree with/accept the above statements.

I have read and understand the above statement.

Applicant Name Signature Date

Hills Flat Lumber Inc. will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.

APPLICATIONS ARE RETAINED AND CONSIDERED IN CONNECTION WITH APPROPRIATE JOB VACANCIES FOR 90 DAYS AFTER THEIR RECEIPT. IF YOU WISH TO APPLY FOR EMPLOYMENT THEREAFTER, YOU MUST SUBMIT A NEW APPLICATION.

HILLS FLAT LUMBER CO.

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