



**EMPLOYMENT APPLICATION**

Date \_\_\_\_\_

**GENERAL:**

NAME \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE # \_\_\_\_\_ ALTERNATE PHONE # \_\_\_\_\_

DESIRED POSITION \_\_\_\_\_ DATE AVAILABLE \_\_\_\_\_

Are you available to work?                     FULL-TIME    PART-TIME    OVER-TIME

If applying for a position where driving is required, do you have a valid  
Colorado driver's license?                     YES                     NO                    LICENSE # \_\_\_\_\_

Are you currently employed?                     YES                     NO  
If yes and under the age of 18, can you  
furnish a work permit?                     YES                     NO

May we contact your employer?                     YES                     NO  
If yes, list name and phone number \_\_\_\_\_  
\_\_\_\_\_

Have you previously been employed by  
Adams Lumber Company?                     YES                     NO

Can you perform the essential functions  
of the job(s) for which you are applying?                     YES                     NO

Are you prevented from lawfully becoming employed  
in this country due to visa or immigration status?                     YES                     NO

Have you been convicted of a felony?                     YES                     NO  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

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(Please note that a "Yes" answer will not bar you from consideration for employment.)

**EMPLOYMENT EXPERIENCE:**

Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Your Job Position \_\_\_\_\_ Employed \_\_\_\_ (MM/YY) to \_\_\_\_ (MM/YY)  
Ending Salary \_\_\_\_\_ Duties \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

Reason for leaving \_\_\_\_\_  
////////////////////////////////////

Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Your Job Position \_\_\_\_\_ Employed \_\_\_\_ (MM/YY) to \_\_\_\_ (MM/YY)  
Ending Salary \_\_\_\_\_ Duties \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

Reason for leaving \_\_\_\_\_  
////////////////////////////////////

Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Your Job Position \_\_\_\_\_ Employed \_\_\_\_ (MM/YY) to \_\_\_\_ (MM/YY)  
Ending Salary \_\_\_\_\_ Duties \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**EDUCATION:**

School Name & Address	High School	College	Graduate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Course of Study:	_____		

**SKILLS, QUALIFICATIONS and CONSIDERATIONS:**

List your skills and qualifications, along with any volunteer work or military experience that may be related to the job you are applying for:

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

**REFERENCES:**

List three (3) references that are familiar with your qualifications, ability and work history who are not related to you:

Name	Occupation/Relationship	Years Known	Phone #
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

***Adams Lumber Company is an equal opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws.***

***PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION:***

*Only those applications that are signed and dated are considered valid. If you have any questions regarding this statement, please ask them prior to signing this employment application.*

- 1) I certify that all answers and statements I have made on this application, resume or other supplementary materials are true and complete without omissions. By signing below, I authorize Adams Lumber Company to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me may result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.
  
- 2) If hired I will be responsible for familiarizing myself with all rules and regulations of Adams Lumber Company as they presently exist or are later modified. I understand my employment can be terminated at the discretion of Adams Lumber Company, or at my option without notice at any time and for any reason.
  
- 3) I also understand that no representative of Adams Lumber Company has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by an officer of Adams Lumber Company.
  
- 4) I understand this application is not an offer of employment and that no promises or representations of employment have been made to me at this time.

I have read, understand, and agree with the above statements.

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Signature of Applicant

Date

***This application will be retained for ninety (90) days from date of application. To be considered for job openings more than ninety (90) days from the date of application, a new application will need to be submitted.***