



EMPLOYMENT APPLICATION FORM

GENERAL

Name _____ Social Security No. _____
Last First MI

Address _____
Street City State Zip

Telephone No. () ()
Home Cell

Position applying for _____ Salary Desired _____

Date Available _____ Full Time _____ Part time _____ Hours _____

Any relatives who are Directors or Employees employed by us? _____

Have you previously applied or been employed by us? _____

Why are you seeking a change in employment? _____

Have you ever been terminated from employment? _____

Please explain _____

Have you ever been convicted of a crime other than a misdemeanor? _____

Please explain _____

Are you able to perform the essential functions of the job you are apply for? _____

EQUAL OPPORTUNITY EMPLOYER / DRUG FREE WORKPLACE

RETURN TO:

Kimal Lumber Company
400 Riverview Drive
Nokomis, Florida 34275

OR

FAX (941) 484-7451

OR

EMAIL: jobs@kimallumber.com

EMPLOYMENT RECORD

Please begin with your most recent employment and include military service.

DATES	NAME & ADDRESS OF EMPLOYER	SALARY	JOB TITLE OR DUTIES	SUPERVISOR TELEPHONE NO.	REASON FOR LEAVING
START:					
END:					
START:					
END:					
START:					
END:					
START:					
END:					
START:					
END:					

REFERENCES

Please list 4 business reference who have a knowledge of you abilities.

NAME	ADDRESS & TELEPHONE NO.	JOB TITLE COMPANY	YEARS KNOWN

AGREEMENT

Kimal Lumber Company is an equal opportunity employer and does not discriminate in regards to hiring, training, promoting or other employment practices, on the basis of race, color, religion, sex, marital status, age, national origin, or veteran or handicap status. No question in this application is intended to obtain information to be used for such discrimination.

- I understand that I must be a U.S. Citizen or a properly authorized alien to qualify for employment.
- I understand that employment is for no definite period of time and it may be terminated at any time by either the company or me.
- I agree to abide by all policies and rules and that all company information is strictly confidential.
- I agree that employment will be contingent upon the results of a drug test.
- I understand that an investigative consumer credit report may be requested prior to employment and at any time during employment and that I may request the results of the report.
- I understand that a surety bond may be required and if not bondable, I will not be offered employment.
- I certify that all statements by me on this application are true and complete and if not, are cause for disqualification or termination. This application is active for 60 days unless renewed by applicant.

Applicant Signature

Date

Emergency Contact Name: _____

Emergency Contact Number: _____

FOR INTERNAL USE ONLY
