

DEERING LUMBER, INC.  
EMPLOYMENT APPLICATION

DATE \_\_\_\_\_

PLEASE PRINT

|           |             |
|-----------|-------------|
| Full Name | Telephone # |
| Address   | Soc. Sec. # |

**EDUCATION**

|                      |                |        |
|----------------------|----------------|--------|
| High School Attended | Year Completed | Course |
| Other                | Degree Earned  | Major  |

**EMPLOYMENT RECORD - START WITH YOUR PRESENT OR LAST PLACE OF EMPLOYMENT**

| Date Employed | Name & Address of Employer | Supervisor | Position & Wage | Reason for Leaving |
|---------------|----------------------------|------------|-----------------|--------------------|
| From          |                            |            | Start<br>Finish |                    |
| To            | Phone #                    |            |                 |                    |
| From          |                            |            | Start<br>Finish |                    |
| To            | Phone #                    |            |                 |                    |
| From          |                            |            | Start<br>Finish |                    |
| To            | Phone #                    |            |                 |                    |

**REFERENCES - DO NOT LIST RELATIVES OR FORMER EMPLOYERS**

| Name | Address | Telephone # |
|------|---------|-------------|
| 1.   |         |             |
| 2.   |         |             |
| 3.   |         |             |

May we contact your Employer Yes \_\_\_\_\_ No \_\_\_\_\_      Are you under age 18 Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you currently have a relative working at Deering Lumber Yes \_\_\_\_\_ No \_\_\_\_\_

**INFORMATION SECTION - OPTIONAL**

Maine Drivers License # \_\_\_\_\_ Class \_\_\_\_\_ Previous Violations \_\_\_\_\_

Job related Military Service. Explain \_\_\_\_\_

Illnesses or Limitations on your ability to perform job related work. \_\_\_\_\_

Please list any special skills you have \_\_\_\_\_

|                      |                      |                         |
|----------------------|----------------------|-------------------------|
| Position Applied For | Expected Rate of Pay | Date Available if Hired |
|----------------------|----------------------|-------------------------|

I understand that any employment will be on a 60 day introductory basis and that my employment may be terminated, with or without cause or notice, at any time, at my option or that of this company. I understand that no management representative has any authority to enter into any agreement for continuing employment for any specific period of time or which is contrary to the foregoing without written approval of the company President. I give the company permission to contact all or any of my previous employers and references and authorize them to provide all information requested of them by this company. I authorize you to obtain, use and rely upon that information in relation to my application. I have provided truthful and complete responses to all inquiries in the application and understand that the discovery of any falsification or omission constitutes a ground for immediate dismissal. If employed by this company, I will abide by its rules and regulations, which I understand are subject to change by the company.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_