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employment@mifflinburglumber.com

Hours/Days Unable to Work:\_\_\_\_\_

If No, Do You Have a Valid Work Permit?\_\_\_Yes\_\_\_No

PI	ease Fill Out All Portions of This Application	DATE
PERSONAL INFORMATION		
Name:		
Last	First	Middle
Address:	City:	
	State:	_Zip:
Phone:	Cell Phone:	
Email:		
AVAILABILITY		
Date Available to Work:	Employment Type Desired:Fu	II Time Part TimeTemporary

APPLICATION FOR EMPLOYMENT

## TRAINING AND EDUCATION Please Complete All Information That Applies

If yes, in the space below please specify all convictions and specify the crime.

Have you ever been convicted of a crime? \_\_\_No \_\_\_Yes (Misdemeanor) \_\_\_Yes (Felony)

Hours Willing to Work per Week:\_\_\_\_

If No, Are You at Least 16 Years Old?\_\_\_Yes\_\_\_No

Are you at least 18 years old?\_\_\_Yes\_\_\_No (Answer Next Question)

Are You a US Citizen?\_\_\_Yes\_\_\_No

	Name of School	Area of Study	Graduation Date	Degree
High School				
Vocational School				
College/University				
Other Training				

## **WORK HISTORY**

Name of Employer:	Address:	
Phone:	City:	State:Zip:
Supervisor Name:	Job Title:	
Rate of Pay:	Hire Date:	Separation Date:
Reason For Separation:		
May We Contact This Employer?YesNo		
Name of Employer:	Address:	
Phone:		State:Zip:
Supervisor Name:	Job Title:	
Rate of Pay:	Hire Date:	Separation Date:
Reason For Separation:		
May We Contact This Employer?YesNo		
Name of Employer:	Address:	
Phone:	City:	State:Zip:
Supervisor Name:	Job Title:	
Rate of Pay:		Separation Date:
Reason For Separation:		
May We Contact This Employer?YesNo		
DRIVING RECORD FOR PAST 3 YEARS Employees Co.	uld be Asked to Take a	Delivery. Complete Information that Applies.
Do You Have a Valid Driver's License?YesNo		
If Yes, Please Provide the Following Information:		
State:License Number:	Type:	Exp Date:
May We Check Your Driving Record?YesNo		
Date of Birth:	Social Security	Number:
Have You Had Any Accidents During the Last 3 Years?Y	_	If Yes, How Many?
Have You Had Any Moving Violations During the Last 3 Years	s?YesNo	If Yes, How Many?

## PERSONAL REFERENCES

List Three Persons, Not Related To You, Whom You Have Known At Least One Year.

Name:	_	Relationship:		
Address:	City:_		State:	Zip:
Phone:	_	Email:		_
Years Known:				
Name:		Relationship:		_
Address:	City:_		State:	Zip:
Phone:	_	Email:		
Years Known:				
Name:	_	Relationship:		_
Address:	City:		State:	Zip:
Phone:	_	Email:		
Years Known:				
May We Contact Your References?YesNo				
CERTIFICATION				
I certify that all information provided by me is true, accurate or omission of fact on this application or any other accommodulement or immediate termination of employment, respectively.	npanying	g or required documen	ts will be cause	•
I authorize the investigation of all statements and information, and I also release the employer from		• •		
Applicant Signature:				
Date:				

## Please give us a little more information about you

Are you interested in a specific position or job opening? If so, which one and why?
Why are you seeking a new position?
What kind of work/tasks do you most enjoy?
Describe your ideal work environment.
Is there anything else you would like us to know about you?

Please feel free to attach a resume. Thank you for your interest and time.