

EXPERIENCE (Include any Military Service)

POSITION	COMPANY, ADDRESS & PHONE NUMBER	SALARY/ PER HOUR	SUPERVISOR	LENGTH OF SERVICE	REASON FOR LEAVING
				FROM TO	
				FROM TO	
				FROM TO	
				FROM TO	

REFERENCES

GIVE THE FOLLOWING INFORMATION OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS & PHONE NUMBER	RELATIONSHIP	YEARS ACQUAINTED

EMERGENCY NOTIFICATION

IN THE CASE OF AN EMERGENCY CONTACT:

NAME	ADDRESS & PHONE NUMBER	RELATIONSHIP

RELEASE

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED OR OMITTED INFORMATION ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE. I RELEASE ALL PAST EMPLOYERS AND McCabe Lumber, INC FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING FOR MENTIONED INFORMATION. I UNDERSTAND THAT McCabe Lumber, INC IS AN AT WILL EMPLOYER AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR AN UNSPECIFIED PERIOD OF TIME AND MAY BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.

SIGNATURE

DATE