## TAHLEQUAH LUMBER

1701 PARK HILL RD. TAHLEQUAH, OK 74464 PHONE: 918.456.2506 FAX: 918.458.0443

Applicant Name Home Phone Cell Phone Email Address	Application for Employment This application is good for 60 days.						
Current Address City State & Zip Social Security Number  Employment Positions  Position(s) applying for: Are you applying for? Regular part-time work? [] Y or [] N	An Equal Opportunity Employer  Tahlequah Lumber is an equal opportunity employer.  This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.						
Regular full-time work? [] Y or [] N What days and hours are you available for work?	SU	М	Т	W	TH	F	SA
If hired, on what date can you start working? / / Can you work on the weekends? [] Y or [] N							
Hourly Rate Expected: Are you currently employed? [] Y or [] N May we contact your present employer? [] Y or [] N		Store Hours M-F 7-6 SA 7-5 SU 11-5					
Personal Information:							
Have you ever applied to / worked for Tahlequah Lumber befor If yes, please explain (include date):		or [ ] <b>1</b>	N				
Do you have any friends, relatives, or acquaintances working for lf yes, state name & relationship:			Lumbe	r? [ ] Y	or [ ] N		
If hired, would you be able to present evidence of your U.S. citi United States? [] Y or [] N	izenship	or pro	oof of y	our leg	al right	to wor	k in the
If hired, are you willing to submit to and pass a controlled subst	tance te	est? []	Y or [ ]	N			
Do you have a valid Drivers License? [] Y or [] N							
Are you able to perform the essential functions of the job for whereasonable accommodation? [] Y or [] N	nich you	ı are a	pplying	, eithe	r with / \	without	
If no, describe the functions that cannot be performed							
(Note: Tahlequah Lumber complies with the ADA and considers reasonable accommo applicants/employees to perform essential functions. It is possible that a hire may be to conducted by a medical professional.)							mination
Have you ever been charged with a criminal offense (felony or misder lf yes, please describe the crime - state nature of the crime(s), when a case	and whe			nd disp	osition o	f the	

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training and Experie	nce Vocational School:
High School:	
School name:	Name: Number of years completed:
Number of years completed:	Degree:
Degree or GED:	
College / University:	Military:
School name:	Branch:
Number of years completed:	Rank in Military:
Degree:	Total Years of Service:
	Skills/duties:
List any professional/trade experience, or involvement, or honors you would like us	
<b>Employment Experience</b>	
Employer	Dates Employed
Telephone	From: To:
Job Title	Hourly Rate/Salary
Supervisor	Starting: Final:
Reason for Leaving	Work Performed
Employment Location (city, state)	
Employer	Dates Employed
Telephone	From: To:
Job Title	Hourly Rate/Salary
Supervisor	Starting: Final:
Reason for Leaving	Work Performed
Employment Location (city, state)	
Employer	Dates Employed
Telephone	From: To:
Job Title	Hourly Rate/Salary
Supervisor	Starting: Final:
Reason for Leaving	Work Performed
Employment Location (city, state)	
understand that any false/misleading information provided m involved. I understand that this application is not a contract of employment relationship between myself and the company is I also understand that any offer of employment may determine whether I can perform the job duties. In addition, authorize the company to make a thorough investigation of m persons, companies and corporations supplying such inform such investigations.	of my knowledge. Tahlequah Lumber may investigate all statements in this application, and I hay result in immediate discharge, if hired, at the time it is discovered, irrespective of the year of employment, and if hired, regardless of any oral representatives to the contrary, the sterminable at will. Any change in this employment relationship must be in writing. By be conditioned upon a health evaluation by a doctor selected by the company, to I understand a drug or alcohol test may be required depending upon company policy. I may past employment, education and job-related activities and release from all liability all ation. I also indemnify this company against any liability which might result form making tent record, as its sole discretion, in whole or in part to any prospective employer, company deems appropriate.

Date

Interviewed By

Signature of Applicant