

Alpine Lumber Company
An Equal Opportunity Employer
1120 West 122nd Avenue, Westminster, Colorado 80234

APPLICATION FOR EMPLOYMENT

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, marital status, or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

INSTRUCTIONS

IT IS IMPORTANT TO ANSWER ALL QUESTIONS AND COMPLETE THE ENTIRE APPLICATION. Please print, except for the signature on the back of the application. If a question does not apply to you, please enter N/A (not applicable). Submitting an application does not imply that you will be interviewed or hired. Use blank paper if you do not have enough room on this application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

JOB DATA

Position applying for: _____ Date available: _____

Are you seeking:

Full time	Part time	Other
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 Hours available for work: _____

Days available for work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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Shifts available for work:

Weekdays	Evenings	Nights	Weekends
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 Other, please specify: _____

Have you completed an application with Alpine before?

Yes	No
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 If Yes, when? _____

Have you ever been employed by Alpine before?

Yes	No
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 If Yes, when? _____

Reason for leaving: _____

PERSONAL DATA

Last Name _____ First Name _____ Middle Initial _____

List your addresses of residency for the past 3 years:

Current Street Address _____ City, State, Zip Code _____ How Long? _____

Previous Address _____ City, State, Zip Code _____ How Long? _____

Previous Address _____ City, State, Zip Code _____ How Long? _____

Previous Address _____ City, State, Zip Code _____ How Long? _____

Home Telephone Number _____ Other Contact Number _____

Are you 18 years of age or older?

Yes	No
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 If you are hired, you may be required to submit proof of age.

Social Security Number, required for driving positions, optional for all others _____

Can you furnish proof you are eligible to work in the U.S. if hired?

Yes	No
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FOR DRIVING POSITIONS ONLY

Do you have a valid driver's license? Yes No Date of Birth _____

Driver's License Number _____ Class of License _____ Expiration Date _____ Issuing State _____

Have you had your license, permit, or privilege to operate a motor vehicle suspended, revoked or denied? Yes No

If Yes, give details: _____

Accident record for past 3 years or more. (Attach additional paper if more space is needed.) If none, write none in each space.

Date of Last Accident:	Nature of Accident-head-on, rear-end, upset, etc.	Fatalities	Injuries
Next Previous:	Nature of Accident-head-on, rear-end, upset, etc.	Fatalities	Injuries
Next Previous:	Nature of Accident-head-on, rear-end, upset, etc.	Fatalities	Injuries

Traffic convictions and forfeitures for the past 3 years (other than parking violations). If none, write none in each space. (Attach paper if more space is needed)

Location	Date	Charge	Penalty

List nature and extent of your experience in the operation of motor vehicles, including type of equipment which you have operated: _____

SKILLS

What machines or equipment can you operate that are related to the job for which you are applying? _____

What skills or additional training do you have that relate to the job for which you are applying? _____

List your computer hardware/software knowledge including word processing, spreadsheet, database, billing and financial, etc., and equipment you can operate. Please note your skill level as beginner, intermediate or expert. _____

EDUCATION

	Name and Location	Number of Years Completed	Diploma/Degree/Certificate Awarded	Subjects Studies
High School or GED				
College or University				
Post-Graduate				
Vocational/Technical				

Have you worked or attended school under any other name? Yes No If Yes, give names: _____

EMPLOYMENT HISTORY

All Driver applicants must provide the following information on all employers during the preceding 3 years. List mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle having a Gross Combination Weight Rating (GCWR) of 26,000 lbs. or more shall also provide an additional 7 years information (10 years total) on those employers for whom the applicant operated such vehicles. Add another sheet of paper as necessary.

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and periods of unemployment. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers. **Attaching a Resume is NOT acceptable.**

Name of Most Recent Employer	Supervisor(s)
Address	Dates Employed (Month/Year) From To
City, State, Zip Code	Pay: Start \$ Final \$
Telephone Number	Reason for Leaving
Job Title and Duties	

Name of 2nd Most Recent Employer	Supervisor(s)
Address	Dates Employed (Month/Year) From To
City, State, Zip Code	Pay: Start \$ Final \$
Telephone Number	Reason for Leaving
Job Title and Duties	

Name of 3rd Most Recent Employer	Supervisor(s)
Address	Dates Employed (Month/Year) From To
City, State, Zip Code	Pay: Start \$ Final \$
Telephone Number	Reason for Leaving
Job Title and Duties	

Name of 4th Most Recent Employer	Supervisor(s)
Address	Dates Employed (Month/Year) From To
City, State, Zip Code	Pay: Start \$ Final \$
Telephone Number	Reason for Leaving
Job Title and Duties	

Name of 5th Most Recent Employer	Supervisor(s)
Address	Dates Employed (Month/Year) From To
City, State, Zip Code	Pay: Start \$ Final \$
Telephone Number	Reason for Leaving
Job Title and Duties	

Have you ever been asked to resign or been fired from a job? Yes No If yes, please explain: _____

Have you ever been convicted of any law violation or motor vehicle law? Include any plea of "guilty" or "no contest." (other than parking violations.)

Yes No If Yes, give details, including dates, charges, and disposition, or awaiting pending law violations. (A conviction will not necessarily disqualify an applicant for employment). _____

REFERENCES

List three references, not relatives or former employers.

Name	Address	Phone Number

AFFIDAVIT, CONSENT AND RELEASE

Please read each statement carefully before signing

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I certify this application has been completed by me.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I will be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post employment drug screens as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, AND SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Applicant Signature _____ Date _____

This application for employment will remain active for a limited time. Ask a Human Resources Representative for details.