



APPLICATION FOR EMPLOYMENT

COMPLETION OF THIS FORM DOES NOT CONSTITUTE AN OFFER OF EMPLOYMENT. I UNDERSTAND THAT EMPLOYMENT WITH STEWART'S IS AT-WILL, WHICH MEANS THAT I MAY RESIGN AT ANY TIME. SIMILARLY, STEWART'S MAY TERMINATE MY EMPLOYMENT AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. I CERTIFY THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION GIVEN ON THIS APPLICATION, OR DURING ANY INTERVIEWS, MAY RESULT IN MY APPLICATION BEING DENIED, OR IN THE EVENT THAT I AM EMPLOYED, MAY RESULT IN MY DISCHARGE.

Signature

Date

LAST NAME:		FIRST NAME:		M.I.:	JR, SR, III :
STREET ADDRESS (<u>NOT</u> Post Office Box):					
CITY:		STATE:		ZIP:	
HOME TELEPHONE:	CELLULAR PHONE:	SOCIAL SECURITY NUMBER:			
ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO		E-MAIL ADDRESS:			
POSITION(S) APPLIED FOR:		ARE YOU WILLING TO RELOCATE?			
ARE YOU WANTING TO WORK: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		EXPECTED SALARY: \$ _____ PER _____			
ARE YOU WILLING TO WORK OVERTIME, WEEKENDS, OR HOLIDAYS IF ASKED?		DATE YOU CAN BEGIN WORK:			
MAY WE CONTACT YOUR PRESENT EMPLOYER FOR REFERENCE CHECKS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF HIRED, ARE YOU WILLING TO SIGN A NON-COMPETE AGREEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF HIRED, DO YOU HAVE ANY COMMITMENTS THAT WOULD PREVENT YOU FROM WORKING ALL REGULARLY SCHEDULED HOURS PLUS ANY OTHER TIME THAT MAY BE REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN BELOW: _____ _____					

E.W. STEWART LUMBER COMPANY, INC. (HEREAFTER REFERED TO AS STEWART LUMBER COMPANY OR STEWART'S) AND STEWART TRUSS COMPANY, LLC. (HEREAFTER REFERED TO AS STEWART TRUSS OR STEWART'S) CONSIDERS APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, SEXUAL ORIENTATION, OR ANY OTHER LEGALLY PROTECTED STATUS.

Work with the BEST!

Our service strategy is to provide our customers, both internal and external,
with timely, accurate, and outstanding service.

HR FORM 1001
Jan 2007

HAVE YOU EVER APPLIED WITH OR WORKED FOR STEWART'S IN THE PAST?

YES NO IF YES, GIVE DATES: ____/____/____ TO ____/____/____

HOW DID YOU LEARN ABOUT STEWART'S?

ADVERTISEMENT WALK-IN STEWART'S EMPLOYEE (NAME): _____
 EMPLOYMENT AGENCY RELATIVE/FRIEND OTHER: _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE US? YES NO
 (PROOF OF CITIZEN OR IMMIGRATION STATUS WILL BE REQUIRED IF HIRED.)

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

YES NO

IF YES, PLEASE EXPLAIN ON BACK OF PAGE. A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT. THIS INFORMATION WILL BE USED ONLY FOR JOB RELATED PURPOSES.

EDUCATION	NAME AND LOCATION OF SCHOOL	DIPLOMA/DEGREE
HIGH SCHOOL	_____	_____
BUSINESS/TRADE	_____	_____
COLLEGE	_____	_____
GRADUATE	_____	_____

INDICATE THE KINDS OF WORK IN WHICH YOU HAVE EXPERIENCE AND FEEL COMPETENT TO PERFORM:

TRUCK DRIVER DISPATCHING WAREHOUSE
 BOOKKEEPING FORKLIFT OPERATOR INSIDE SALES
 MILLWORK INSTALLATION OUTSIDE SALES CLERICAL
 FRAME CARPENTRY TRUSS MANUFACTURING BUILDING MATERIAL YARD
 OTHER: _____
 LIST COMPUTER SOFTWARE IN WHICH YOU ARE PROFICIENT:

IF YOU ARE APPLYING FOR A DRIVER POSITION (DOT), HAVE YOU BEEN CONVICTED OF ANY MOVING VIOLATIONS? YES NO
 ARE YOU WILLING TO PROVIDE US WITH A CURRENT MOTOR VEHICLE DRIVING REPORT? YES NO

COMMERCIAL DRIVERS LICENSE NUMBER: _____ EXPIRATION DATE: ____/____/____
 CDL-A CDL-B F-ENDORSEMENT OTHER: _____

LIST TWO (2) JOB/BUSINESS REFERENCES THAT WE HAVE YOUR PERMISSION TO CONTACT:

NAME: _____ COMPANY: _____ TELEPHONE: () _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 HOW DOES THIS PERSON KNOW YOU? _____

NAME: _____ COMPANY: _____ TELEPHONE: () _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 HOW DOES THIS PERSON KNOW YOU? _____

BEGINNING WITH YOUR MOST RECENT JOB, LIST ALL EMPLOYMENT FOR THE LAST TEN (10) YEARS. USE ADDITIONAL PAGES IF NECESSARY. **DOT DRIVER APPLICANTS MUST PROVIDE COMPLETE WORK HISTORY FOR UP TO TEN (10) YEARS.**

FROM: _____/_____ MONTH/YEAR	TO: _____/_____ MONTH/YEAR	COMPANY NAME AND ADDRESS::
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YOUR IMMEDIATE SUPERVISOR (NAME & POSITION):	TELEPHONE: ()
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SUMMARIZE TYPE OF BUSINESS AND YOUR JOB RESPONSIBILITIES:

STARTING RATE/SALARY:	ENDING RATE/SALARY:
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REASON FOR LEAVING:

FROM: _____/_____ MONTH/YEAR	TO: _____/_____ MONTH/YEAR	COMPANY NAME AND ADDRESS::
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YOUR IMMEDIATE SUPERVISOR (NAME & POSITION):	TELEPHONE: ()
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REASON FOR LEAVING: