

Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**IMPORTANT INFORMATION TO KNOW BEFORE  
FILLING OUT AN APPLICATION  
FOR EMPLOYMENT WITH  
KNUDSON LUMBER**

1. All areas of the application must be filled out completely and accurately. Please fill in the required information directly on the application and do not indicate "See Resume".
2. If you are offered a position with Knudson Lumber, be aware that we may verify all of the information that you have written on the application, as well as your resume. If there is a discrepancy in your information, the job offer may be withdrawn. It is important to be sure that what you have written is correct.
3. If you have any questions about completing the application, it is important to please ask the Knudson Lumber representative assisting you.
4. **Upon acceptance of job, you will be required to pass a pre-employment drug test and background screening.**

Thank you for your cooperation.



**Applicant Acknowledgement**

My signature below indicates that I have read and understand the importance of supplying accurate information on the application. I am also aware of the possibility of an offer of employment being withdrawn if any of the information is not correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



1791 Vantage Hwy Ellensburg WA 98926 (509) 962-4000 Fax (509) 962-1650

## Application for Employment

Thank you for considering Knudson Lumber in your job search. Knudson Lumber is an equal employment opportunity employer.

### CONFIDENTIAL

Please print in dark ink, complete all questions, initial and sign where indicated.

#### Part 1. General Information

Applicant's Name (Last)	First	Middle Initial	Social Security Number - - -
Mailing Address (Number)	Street		Work/Cell Telephone Number ( )
City	State	Zip Code	Home Telephone Number ( )

#### Part 2. Background Information

Are you 18 or over? ___YES ___NO	DO YOU HAVE A VALID WASHINGTON STATE DRIVER'S LICENSE? ___YES ___NO
What is your means of transportation to work? _____	
Driver's license Number _____ State of issue _____ Operator _____ Commercial (CDL) _____ Chauffeur _____	
Expiration Date _____	
Have you had any accidents during the past three years?	How many?
Have you had any driving violations (tickets) during the past three years? ___YES ___NO	How many?

#### Part 3. Education and Training

School Type	Name of School	Location (City and State)	Degree (Y or N)
High School			
Business/Tech/Voc			
College/University			

Part 4. Complete Employment History – Begin with your most recent job to your first job. List each job separately, if you need additional space attach a separate sheet(s).

Job Title		Dates Worked From _____ To _____	
Name of Employer		Name of Supervisor	
Address:			
		City	State      Zip Code
Telephone Number (    )		Reason for Leaving:	
Duties Performed:			
Job Title		Dates Worked From _____ To _____	
Name of Employer		Name of Supervisor	
Address:			
		City	State      Zip Code
Telephone Number (    )		Reason for Leaving:	
Duties Performed:			
Job Title		Dates Worked From _____ To _____	
Name of Employer		Name of Supervisor	
Address:			
		City	State      Zip Code
Telephone Number (    )		Reason for Leaving:	
Duties Performed:			
Job Title		Dates Worked From _____ To _____	
Name of Employer		Name of Supervisor	
Address:			
		City	State      Zip Code
Telephone Number (    )		Reason for Leaving:	
Duties Performed:			

Job Title		Dates Worked From _____ To _____	
Name of Employer		Name of Supervisor	
Address:			
City		State	Zip Code
Telephone Number (    )		Reason for Leaving:	
Duties Performed:			
Job Title		Dates Worked From _____ To _____	
Name of Employer		Name of Supervisor	
Address:			
City		State	Zip Code
Telephone Number (    )		Reason for Leaving:	
Duties Performed:			
Job Title		Dates Worked From _____ To _____	
Name of Employer		Name of Supervisor	
Address:			
City		State	Zip Code
Telephone Number (    )		Reason for Leaving:	
Duties Performed:			
Job Title		Dates Worked From _____ To _____	
Name of Employer		Name of Supervisor	
Address:			
City		State	Zip Code
Telephone Number (    )		Reason for Leaving:	
Duties Performed:			

**GENERAL INFORMATION**

May we contact your present employer?	__yes __no
Do you have the legal right to work in the United States? (If hired, you will be required to provide identification to prove eligibility for employment)	__yes __no
Have you ever been convicted of a felony in any state?	__yes __no
Do you have any employment restrictions resulting from a non-compete or confidentiality agreement?  If yes, please explain:	__yes __no

**ADDITIONAL INFORMATION:**

Please use the space provided to list or explain any additional employers, periods of time not worked or any other information that you believe we should know when considering your application for employment.

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**Please read carefully, initial each paragraph and sign below:**

\_\_\_\_\_ I certify that I have answered the above questions truthfully and have not  
Initial withheld any information relative to my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents generally will result in denial of employment or immediate termination, if discovered after hire.

\_\_\_\_\_ I authorize Knudson Lumber to thoroughly investigate my references, work  
Initial record, education and other matters related to my suitability for employment, and further authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I release Knudson Lumber, my former employers and all other persons, corporation, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I authorize Knudson Lumber to investigate whether I have a criminal record of  
Initial convictions, and, if so, the nature of such convictions and all the surrounding circumstances of the conviction. Knudson Lumber has advised me that any criminal background check will focus on convictions, and that a criminal record will not necessarily disqualify me from employment.

\_\_\_\_\_ If hired, I recognize the rules and policies of Knudson Lumber, I understand  
Initial that my employment and compensation can be terminated at any time, with or without cause, and with or without notice, at the option of Knudson Lumber or myself. I understand that management of the company are the only people who will ever have the authority to create any other terms of employment and/or to enter into any employment contract and that all such contracts must be in writing and signed by both parties. However, I also understand that unless otherwise stated in an employment contract, the company may change, withdraw and interpret other policies (including wages, hours, and working conditions) as it deems appropriate.

\_\_\_\_\_ I understand and acknowledge that I may be required to submit to a physical  
Initial examination, including drug test. Additionally, I hereby authorize the release of the results of such an examination to Knudson Lumber for their use in evaluating my suitability for employment. Further, I release the examining facility and Knudson Lumber from any and all liability, and from any damage that may result from the release of such information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature