

Green & Blue Corporation

Application For Employment

Brown Lumber Co.
(brownlumber.com)

Mail or Fax Application to:

1701 South Airport Road
Traverse City, MI 49686
(231) 947-1400
(231) 946-5242 Fax

An Equal Opportunity Employer

You will be considered for all positions without regard to race, color, religion, weight, height, sex, national origin, marital status, veteran status, the presence of a non-job-related medical condition or disability, or any other protected status required by law.

PERSONAL INFORMATION

Name (last, first, middle)

Date _____

Present Address (street, city, state, zip)

How long at this address?

Home Telephone

Social Security Number

Drivers License Number

()

/ /

Position you are applying for:

Desired Salary

Can you travel if required?

\$

() Yes () No

Are you under 18 years of age?

() Yes () No

If under 18, can you provide a work permit?

() Yes () No

Applying for: () Full-time

() Part-time () Temporary

Are you currently employed?

() Yes () No

If employed, why do you wish to change?

Have you applied for employment here before?

() Yes () No

Have you ever been employed by our company?

() Yes () No

Do you have experience in the building materials industry? () Yes () No

On what date would you be available to start work?

How did you learn about this company?

This application is the property of Green & Blue Corporation

EMPLOYMENT HISTORY		
If records are under a different name, please provide name for reference purposes, starting with present or last employer. List all employment including part-time or temporary positions.		
Employer	Phone ()	Dates Employed
		From: To:
Address (include city, state & zip)	Beginning Salary \$	
	Ending Salary \$	
Name of Supervisor	Reason for leaving	
Title & duties at beginning of employment	Title & duties at end of employment	

Employer	Phone ()	Dates Employed
		From: To:
Address (include city, state & zip)	Beginning Salary \$	
	Ending Salary \$	
Name of Supervisor	Reason for leaving	
Title & duties at beginning of employment	Title & duties at end of employment	

Employer	Phone ()	Dates Employed
		From: To:
Address (include city, state & zip)	Beginning Salary \$	
	Ending Salary \$	
Name of Supervisor	Reason for Leaving	
Title & duties at beginning of employment	Title & duties at end of employment	

Use additional sheet if necessary

REFERENCES		
Give the name, address and phone number of three references not related to you.		
Name and Occupation	Address	Telephone Number
		()
		()
		()

PERSONAL INFORMATION (continued)	
May we contact your present and previous employers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted of a felony in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
To comply with laws concerning the employment of illegal aliens, can you provide proof of employability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Proof of citizenship or immigration status will be required upon employment	

EDUCATION				
Type of School	Name & Location	Major Field of Study	Did you Graduate?	Letter Grade or GPA
High School Last Attended			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
List professional, trade, business, or civic activities and offices held. You may exclude membership that would reveal sex, race, religion, national origin, age, ancestry, or any other protected status. <hr/>				

SPECIAL SKILLS AND QUALIFICATIONS	
Check skills/equipment operated: <input type="checkbox"/> Lift Truck <input type="checkbox"/> Table Saw <input type="checkbox"/> Radial Arm Saw <input type="checkbox"/> Panel Arm Saw <input type="checkbox"/> Planer <input type="checkbox"/> Band Saw <input type="checkbox"/> Jointer <input type="checkbox"/> Calculator <input type="checkbox"/> Fax Machine <input type="checkbox"/> Computer Keyboarding <input type="checkbox"/> Typewriter <input type="checkbox"/> Laminating <input type="checkbox"/> Drafting <input type="checkbox"/> Blueprinting <input type="checkbox"/> Estimating Computer Programs: <input type="checkbox"/> Office 97 <input type="checkbox"/> Excel <input type="checkbox"/> Word <input type="checkbox"/> Microsoft Publisher <input type="checkbox"/> Access <input type="checkbox"/> Outlook <input type="checkbox"/> Dimensions <input type="checkbox"/> Unix List additional equipment you can operate: <hr/>	

MILITARY STATUS			
U.S. Military Service? <u> </u> Yes <u> </u> No			
Branch of Service	Rank Held	Nature of Duties	
	Entry Release		
What specialized training did you receive? <hr/>			
Do you have a reserve or National Guard obligation? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you have a National Guard obligation, please describe: <hr/>	

DRIVER INFORMATION

NOTE: Only individuals applying for positions as drivers need to complete this section

EXPERIENCE AND QUALIFICATIONS

	State	License Number	Type	Expiration Date
Drivers Licenses				

DRIVING EXPERIENCE (List all types of equipment driven)

Type of Equipment (van, flat, semi, etc.)		Dates		Approximate # of Miles Driven (total)
		From	To	

ACCIDENT RECORD

Date(s)	Type of Accident (head-on, rear-end, etc.)	Fatalities	Injuries
		() Yes () No	() Yes () No
		() Yes () No	() Yes () No
		() Yes () No	() Yes () No

TRAFFIC CONVICTIONS

List all convictions and forfeitures for the past 3 years (other than parking violations)			
Location (city & state)	Date	Charge	Penalty

DRIVER INFORMATION (continued)

1) Have you ever been denied a license, permit, or privilege to operate a motor vehicle? () Yes () No

2). Has your license, permit or privilege to drive ever been suspended or revoked? () Yes () No

If the answer to either question is yes, list details.

Date of Birth: (Driver's Only)

I understand that by law, the company requires all persons applying for a truck driving position of vehicles 26,001 pounds or more, must undergo a pre-employment drug test. I understand that refusal to undergo this test will be considered a withdrawal of my application for employment. I also understand that if the test discloses the presence of a foreign substance, I will be denied employment.

Please Initial

NOTICE TO APPLICANTS

We welcome your application for employment. We realize that much of the information contained in your application can change. We will keep your application on file in an active status for a period of thirty (30) calendar days from today.

Should you wish to keep your application active, please contact us, either in person, or at (231) 995-5764 to update the information in your application and inform us of your desire to keep your application active. Should we not hear from you within the thirty-day period, we will keep your application, but it will be placed on inactive status.

Thank you.

I understand that if hired, my employment will be "at will" and that either I or the company may terminate the employment relationship at any time with or without cause and with or without notice. I further understand that this employment relationship may not be modified by verbal statements, customs, practices, or written documents unless such modification is in writing and signed by an authorized representative of the company.

Name of Applicant (please print)

Signature

Date

In connection with my application for employment, I authorize this prospective employer to contact any or all previous employers to discuss my employment history, including reasons for termination of past employment. I also authorize this prospective employer to obtain a copy of my driving record from the Michigan Secretary of State or from the Secretary of State's office in those states in which I held previous employment. I also authorize this prospective employer to confirm any or all information contained in this employment application. I certify that all information on this application is true and complete to the best of my knowledge and I understand that falsification of any information on this application will be grounds for immediate discharge.

Signature of Applicant

Date

DO NOT WRITE IN THIS AREA: FOR HR USE ONLY

Interviewed by: _____ Date: _____

"At Will" employment explained by: _____ Date: _____

Hired? () Yes () No Position: _____ Hourly rate/ salary: _____

Starting Date: _____ Approved By: _____

- 1. Does Not Meet Stated Qualifications per Job Announcement
- 2. Excluded from Selection Process at Interview
- 3. Excluded from selection process at written examination
- 4. Offer extended, but rejected
- 5. Offer extended and hired
- 6. No position available
- 7. Referred

*** PLEASE CHECK REASON FOR NOT HIRING***

APPLICANT SELF IDENTIFICATION

Applicant Name: _____ Position Applying For: _____

The Equal Employment Opportunity Commission has asked that we keep records of the following information. This form will be immediately removed from your application and detained in Green & Blue Corporation's Human Resource Department's record keeping files for audits and reports to the Equal Employment Opportunity Commission. Thank you so much for your cooperation!

(THIS IS A VOLUNTARY FORM)

GENDER: _____ Female _____ Male _____

EEOC Classification:

- White (not of Hispanic origin)
- Black (not of Hispanic origin)
- American Indian or Alaskan Native
- Hispanic
- Asian or Pacific Islander

Applicant Name Printed

Applicant Signature

Date

(Return Self Identification Form immediately to Green & Blue Human Resource Department in confidential envelope, attention Human Resource Coordinator.)

Human Resources Use Only:

HR Received: _____
(Date)

EEOC Entered: _____
(Date)

HR Coordinator: _____
(Initials)