APPLICATION FOR EMPLOYMENT

DOUGLAS LUMBER CORP.
125 Douglas Pike
Smithfield, RI 02917

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accomodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position applying for? _____ Application Date _____ Full time ___ Part time ___

Name _____
Last First Middle

Address _____
Street City State Zip code

Telephone # ( ) _____ Other Phone ( ) _____ Social Security # _____
Are you 18 yrs or older? __yes __no . . . . . Have you ever been employed at Douglas? __yes __no
Are you legally eligible for employment in the USA? __yes __no . . . . .Date available for work _____
Are you able to meet attendance requirements of position? . . . . . __yes __no
Have you been convicted of a crime in the last seven (7) years? . . . . . __yes __no
If yes, please explain _____

EMPLOYMENT HISTORY

Provide the following information on past employment and volunteer activities, starting with the most recent.

From	To	Employer	Telephone ( )
Job Title Supervisor Name & Title		Address Summarize nature of work performed and job responsibilities.	
Reason for Leaving		Hourly rate/Salary Start $ _____ per _____	Final $_____ per _____
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Job Title Supervisor Name & Title		Address Summarize nature of work performed and job responsibilities.	
Reason for Leaving		Hourly rate/Salary Start $ _____ per _____	Final $_____ per _____

SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:

EDUCATIONAL BACKGROUND IF JOB RELATED

Name and Location	Years completed	Did you graduate?	Study Course
High School			
College			
Other			

REFERENCES

NAME	TELEPHONE	YRS KNOWN
	( )	
	( )	
	( )	

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date _____