

# EMPLOYMENT APPLICATION

**Plywood Supply Inc**  
**PO Box 82300, Kenmore WA 98028-0300**  
**425 485-8585 or 206 525-2600**  
**Fax 425 485-6195**

First read the applicant statement on the reverse side. Then fill out the application in your own handwriting or printing. Please be accurate and complete. Information you give will not be used for purposes prohibited by law. Should you wish a copy, please make or request a photocopy.

**NAME:** \_\_\_\_\_ **Date of application:** \_\_\_\_\_  
First M.I. Last

**Phone:** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Date of Birth (Optional):** \_\_\_\_\_ **Are you prevented from becoming employed in the United States because of visa or immigration status?**  Yes  No  
The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age.

**Address:** \_\_\_\_\_  
Street City State Zip How long?

**Position Desired:** \_\_\_\_\_  Full Time  Part Time **Referred by:** \_\_\_\_\_

**EDUCATION**

	Name of School	Location	# of Years	Graduated?		Year	Degree Rec'd	Subject Studied
				Yes	No			
High School								
Trade School, College or University								

**PREVIOUS EMPLOYMENT**

List all employment with present or last job first. Exclude military service. Include school vacation jobs where significant. If self-employed, state nature of business. Unless you note otherwise, we may contact all those listed.

EMPLOYER		DATE	
Name		From Mo. Yr.	To Mo. Yr.
Address		Position Held	
City/St/Zip		Salary / Wage	Approx. # of hours/week
Contact Person	Phone	Reason for Leaving	

EMPLOYER		DATE	
Name		From Mo. Yr.	To Mo. Yr.
Address		Position Held	
City/St/Zip		Salary / Wage	Approx. # of hours/week
Contact Person	Phone	Reason for Leaving	

EMPLOYER		DATE	
Name		From Mo. Yr.	To Mo. Yr.
Address		Position Held	
City/St/Zip		Salary / Wage	Approx. # of hours/week
Contact Person	Phone	Reason for Leaving	

**SPECIAL OR OCCUPATIONAL SKILLS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MILITARY**

Have you ever served in the Military?  Y  N If so, what branch of service, when, how long and in what capacity?

\_\_\_\_\_

**GENERAL INFORMATION**

License(s) Held (Auto Driver, Truck Driver, Pilot, Marine, Radio, etc.) \_\_\_\_\_

Have you ever been convicted (or released from prison) within the last 7 years for a crime involving dishonesty, breach of trust or injury to persons or property?  Yes  No If yes, please explain (do not include arrests which did not result in conviction)

\_\_\_\_\_

**ACTIVITIES & INTERESTS** – Exclude any organizations or society the name of which indicates the race, religious creed, color, national origin or ancestry of its members.

School Activities: \_\_\_\_\_

\_\_\_\_\_

Outside Interests: \_\_\_\_\_

\_\_\_\_\_

**REFERENCES** - List two references other than relatives and former employers.

<b>Name</b>	Phone	<input type="checkbox"/> Personal Friend <input type="checkbox"/> Professional Acquaintance
Address	Years Known	Occupation

<b>Name</b>	Phone	<input type="checkbox"/> Personal Friend <input type="checkbox"/> Professional Acquaintance
Address	Years Known	Occupation

**EMERGENCY CONTACT**

<b>Name</b>	Phone	Relationship
Address		

**APPLICANT STATEMENT**

The information given is true and complete to the best of knowledge. I authorize Plywood Supply, Inc. to solicit information regarding my character, general reputation, credit, previous employment and similar background information and to contact any and all references I have given on my application. I hereby release all parties and persons connected with such request for information from all claims or liability for any reason arising out of the furnishing of such information. I understand if I am employed by Plywood Supply, Inc., I am required by law to prove my citizenship or employment eligibility. Also, I understand that if I am employed by Plywood Supply, Inc. other than the President of Operations or CEO, has any authority to enter into any agreement for any specified period of time or to make any agreement contrary to the foregoing.

X \_\_\_\_\_ Date \_\_\_\_\_

**Signature** **Date**

**- FOR OFFICE USE ONLY -**

**Interviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Interviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ADDENDUM TO APPLICATION FOR COMMERCIAL DRIVERS**

**Plywood Supply Inc  
PO Box 82300, Kenmore WA 98028-0300  
425 485-8585  
Fax 425 485-6195**

**NAME:** \_\_\_\_\_ **Date of application:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**List all residential addresses for the past three years (write on back if more room is needed):**

Street	City	State	Zip	How long?
_____	_____	_____	_____	_____
Street	City	State	Zip	How long?
_____	_____	_____	_____	_____
Street	City	State	Zip	How long?
_____	_____	_____	_____	_____
Street	City	State	Zip	How long?
_____	_____	_____	_____	_____
Street	City	State	Zip	How long?
_____	_____	_____	_____	_____

**Commercial Driver's License Number:** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Describe your experience operating commercial motor vehicles and identify the types of vehicles and the dates they were operated.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List any motor vehicle accidents you have been involved in during the last 3 years. Include the date, a description of the accident, and any injuries or fatalities:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all violations of motor vehicle laws (traffic tickets other than parking) in the last 3 years. (Do not include traffic tickets you received which were later dismissed or dropped):

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A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_ Yes \_\_\_ No

B. Has any license, permit or privilege ever been suspended or revoked? \_\_\_ Yes \_\_\_ No

**\*\*If the answer to either question A or B above is "Yes", attach statement giving details.**

**EMPLOYMENT HISTORY**

All driver applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall provide 10 years information on those employers for whom the applicant operated such vehicle. (Note: List all employers in reverse order starting with the most recent. Add another sheet if necessary.)

EMPLOYER		DATE	
Name		From Mo.            Yr.	To Mo.            Yr.
Address		Position Held	
City		Salary / Wage	
Contact Person	Phone	Reason for Leaving	

EMPLOYER		DATE	
Name		From Mo.            Yr.	To Mo.            Yr.
Address		Position Held	
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Name		From Mo.            Yr.	To Mo.            Yr.
Address		Position Held	
City		Salary / Wage	
Contact Person	Phone	Reason for Leaving	

EMPLOYER		DATE	
Name		From Mo.            Yr.	To Mo.            Yr.
Address		Position Held	
City		Salary / Wage	
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Address		Position Held	
City		Salary / Wage	
Contact Person	Phone	Reason for Leaving	

EMPLOYER		DATE	
Name		From Mo.            Yr.	To Mo.            Yr.
Address		Position Held	
City		Salary / Wage	
Contact Person	Phone	Reason for Leaving	

**This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name Clearly