



Fontaine Lumber Company is an Equal Opportunity Employer. All persons offered employment in the classified service are required to submit to and pass a pre-employment drug test as a condition of employment and is liable for expense. An applicant who refuses to submit to or fails a pre-employment drug test, interferes with a test procedure, or tampers with a test sample, will be removed from applicant pool and will be disqualified from employment with Fontaine Lumber Company. After 30 days of employment, hired employee will be reimbursed for drug test amount if receipt provided.

APPLICANT NAME (LAST, FIRST, MI) \_\_\_\_\_ CONTACT NO. \_\_\_\_\_ DRIVER'S LICENSE NO. \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_

POSITION APPLYING FOR:  DRIVER  YARD  SALESPERSON  ADMINISTRATIVE  MANAGEMENT  SALES  M  T  W  F  S  FULL-TIME  PART-TIME  
 HIGH SCHOOL GRADUATE/GED LIST LICENSES, REGISTRATIONS, &/OR CERTIFICATES BELOW: INCLUDE  I AM 18 YEARS OF AGE OR OLDER  I HAVE BEEN DISCHARGED FROM PREVIOUS EMPLOYMENT\*  
 ASSOCIATE'S DEGREE LIC./CERT. NO., ISSUING AGENCY, ISSUE DATE, EXPIRE DATE.  I AM A CITIZEN OF THE UNITED STATES  
 BACHELOR'S DEGREE  I AM AN ALIEN AUTHORIZED TO WORK IN US  I HAVE BEEN CONVICTED OF FELONY CHARGES\*  
 OTHER  I HAVE BEEN CONVICTED OF FELONY CHARGES\*

LIST BELOW YOUR WORK EXPERIENCE, STARTING WITH THE MOST RECENT EMPLOYMENT. PROVIDE A DETAILED DESCRIPTION OF REGULARLY ASSIGNED DUTIES FOR EACH JOB.

PREVIOUS EMPLOYER	JOB TITLE	ADDRESS	TELEPHONE NO.:
SUPERVISOR	DATES EMPLOYED	RATE OF PAY	WORK HOURS
JOB DUTIES		<input type="checkbox"/> RESIGNED <input type="checkbox"/> FIRED <input type="checkbox"/> LAID-OFF	

REASON FOR LEAVING \_\_\_\_\_

PREVIOUS EMPLOYER	JOB TITLE	ADDRESS	TELEPHONE NO.:
SUPERVISOR	DATES EMPLOYED	RATE OF PAY	WORK HOURS
JOB DUTIES		<input type="checkbox"/> RESIGNED <input type="checkbox"/> FIRED <input type="checkbox"/> LAID-OFF	

REASON FOR LEAVING \_\_\_\_\_

PREVIOUS EMPLOYER	JOB TITLE	ADDRESS	TELEPHONE NO.:
SUPERVISOR	DATES EMPLOYED	RATE OF PAY	WORK HOURS
JOB DUTIES		<input type="checkbox"/> RESIGNED <input type="checkbox"/> FIRED <input type="checkbox"/> LAID-OFF	

REASON FOR LEAVING \_\_\_\_\_

CERTIFICATION: BY SIGNING AND SUBMITTING THIS FORM AND ANY ATTACHMENTS, I CERTIFY THAT THIS APPLICATION IS COMPLETE AND ALL INFORMATION PROVIDED IS TRUE AND ACCURATE AND CONTAINS NO WILLFUL FALSIFICATIONS OR MISREPRESENTATIONS. I UNDERSTAND THAT FALSIFICATIONS, MISREPRESENTATIONS, OR OMISSIONS MAY DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT WITH FONTAINE LUMBER COMPANY OR IF HIRED, MAY BE GROUNDS FOR TERMINATION. I HEREBY AUTHORIZE THIS EMPLOYER TO (1) CONTACT CURRENT AND PREVIOUS EMPLOYERS FOR VERIFICATION OF EMPLOYMENT, (2) CONDUCT A BACKGROUND INVESTIGATION, (3) CHECK MY DRIVING RECORD. I UNDERSTAND THAT I MAY BE FINGERPRINTED IF HIRED.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\* FOR EXTRA SPACE &/OR ANY EXPLANATIONS, WRITE ON BACK OF APPLICATION