



Fontaine Lumber Company, INC DBA Livonia Lumber & Farm Supply 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)	SOCIAL SECURITY NO.	CONTACT NO.	DRIVER'S LICENSE NO.
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ADDRESS	EMAIL ADDRESS
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POSITION APPLYING FOR: <input type="checkbox"/> DRIVER <input type="checkbox"/> YARD <input type="checkbox"/> SALESPERSON <input type="checkbox"/> ADMINISTRATIVE <input type="checkbox"/> MANAGEMENT		DAYS AVAILABLE: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
<input type="checkbox"/> HIGH SCHOOL GRADUATE/GED <input type="checkbox"/> ASSOCIATE'S DEGREE <input type="checkbox"/> BACHELOR'S DEGREE <input type="checkbox"/> OTHER	LIST LICENSES, REGISTRATIONS, &/OR CERTIFICATES BELOW. INCLUDE LIC./CERT. NO., ISSUING AGENCY, ISSUE DATE, EXPIRE DATE.	<input type="checkbox"/> I AM 18 YEARS OF AGE OR OLDER <input type="checkbox"/> I AM A CITIZEN OF THE UNITED STATES <input type="checkbox"/> I AM AN ALIEN AUTHORIZED TO WORK IN US <input type="checkbox"/> I HAVE BEEN CONVICTED OF FELONY CHARGES*	<input type="checkbox"/> I HAVE BEEN DISCHARGED FROM PREVIOUS EMPLOYMENT*	

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..
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SUPERVISOR	DATES EMPLOYED	RATE OF PAY	WORK HOURS	<input type="checkbox"/> RESIGNED <input type="checkbox"/> FIRED <input type="checkbox"/> LAID-OFF
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JOB DUTIES

REASON FOR LEAVING

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

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 INC 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