

# Application for Employment



- Cummings Lumber Company 21756 Route 14, PO Box 6, Troy PA 16947
- Flooring Division, Cummings Lumber Company 75 Eureka Drive, Troy PA 16947
- Barefoot Pellet Co. 22685 Route 14, PO Box 96, Troy, PA 16947
- Eagle Hotshot Services, Inc. 22712 Route 14, Troy, PA 16947
- All

570 297-4771

**Please print all information. Fill out all applicable areas.**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Name

\_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

Street

City

State

Zip

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Cell Phone Number (\_\_\_\_) \_\_\_\_\_

Date Available for Work \_\_\_\_\_ Do you need to give current employer notice? \_\_\_\_\_

Best Time to Contact \_\_\_\_\_

Type of Employment Applied for. Check all that apply.  Full Time  Part Time  Temporary

Production Labor  Maintenance  Office  Summer  Other \_\_\_\_\_

Are you willing to work  First Shift  Second Shift  Third Shift  Saturdays  All  Other

Are you on Layoff?  Yes  No Are you subject to Recall?  Yes  No When \_\_\_\_\_

Are you over 18 years of age?  Yes  No Are you in College?  Yes  No

Do you have viable Transportation or Arrangements to get to work on time every day?  Yes  No

Referral Source  Advertisement  Employee  Relative  Government Employment Agency

Walk In  Private Employment Agency  Other \_\_\_\_\_

Any Relatives or Friends working here?  Yes  No Name (s) \_\_\_\_\_

Have you ever applied here before?  Yes  No If yes, dates \_\_\_\_\_

Have you ever worked here before?  Yes  No If yes, dates \_\_\_\_\_

Are you Legally Eligible for Employment in the USA?  Yes  No Proof will be required on Hire

Will you Work Overtime if required?  Yes  No Will you Travel if required?  Yes  No

Will you undergo a Pre-Employment Physical and / or Urine Drug Test?  Yes  No

Have you ever been convicted of a crime?  Yes  No If yes, explain \_\_\_\_\_

Production Positions at our Facilities Require the Performance of Twisting, Turning, Pushing, Pulling, Carrying, Lifting and / or

Bending Motions. Are You Able to Meet These Requirements?  Yes  No

**Education**

High School - Years Completed \_\_\_\_\_  GED  College – Years Completed \_\_\_\_\_

Name of High School \_\_\_\_\_

Name of College \_\_\_\_\_

Military Service (Veteran)  Military Reserves  Trade School – Years Completed \_\_\_\_\_

Do you have any Skills or Further Education that would benefit your employment?  Yes  No

Explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Employment History**

List the last three (3) Employers, Military Service or Volunteer Activities starting with the most recent.

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Street / PO Box

City

State

Zip

Position / Title \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

Date Started \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Finished \_\_\_\_/\_\_\_\_/\_\_\_\_  Still Employed at Present

Starting Wage \$ \_\_\_\_\_ Ending Wage \$ \_\_\_\_\_ May we Contact Them  Yes  No  Later

Reason for Leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Street / PO Box

City

State

Zip

Position / Title \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

Date Started \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Finished \_\_\_\_/\_\_\_\_/\_\_\_\_

Starting Wage \$ \_\_\_\_\_ Ending Wage \$ \_\_\_\_\_ May we Contact Them  Yes  No  Later

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
Street / PO Box City State Zip

Position / Title \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

Date Started \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Finished \_\_\_\_/\_\_\_\_/\_\_\_\_

Starting Wage \$ \_\_\_\_\_ Ending Wage \$ \_\_\_\_\_ May we Contact Them  Yes  No  Later

Reason for Leaving \_\_\_\_\_

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**References** List two business / work references that are not related to you and are not previous Supervisors.

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Years Known \_\_\_\_\_

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List Membership in Any Professional, Trade or Business Associations.

Name \_\_\_\_\_ Office Held \_\_\_\_\_

Name \_\_\_\_\_ Office Held \_\_\_\_\_

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Are you on Unemployment Compensation at the present time?  Yes  No

If yes, from what employer \_\_\_\_\_

Check here if additional information (resume) is attached

Your application will be kept active for a period of one year from the original date. You may update your interest periodically at your discretion.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and / or termination from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations from furnishing such information.

The Employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**THIS APPLICATION IS NOT COMPLETE UNTIL ALL STATEMENTS BELOW ARE READ AND INITIALED AND THE SECTION IS SIGNED**

Initial \_\_\_\_\_ I agree to complete an application for security clearance, if required, and sign an agreement concerning confidential information and inventions.

Initial \_\_\_\_\_ I agree to submit to a medical examination including a drug and alcohol test. I understand that any offer of employment will be contingent on acceptable results.

Initial \_\_\_\_\_ I understand any omission or misrepresentation I make may result in refusal or separation from employment.

Initial \_\_\_\_\_ I understand I will be employed "at will", meaning either the company or I am free to terminate or change the employment relationship at any time with or without prior notice or cause. This "at will" employment relationship can only be modified by an express written employment agreement signed by me and the company President.

Initial \_\_\_\_\_ I authorize the Company to obtain consumer reports, consumer credit reports and / or investigative consumer reports about me, including a criminal records search and education and employment verifications, in connection with this application or during my employment if hired. I fully release the Company and all other employers, persons, corporations, partnerships, and associations from all liabilities related to those investigations or disclosures.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**Complete and sign the top portion of this Information Release Form**

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- All

I request that information concerning me be released to this company for employment purposes only. I further understand that all information released will be held in strict confidence, and I hereby release both the company and my previous employer(s), school (academic records), and / or personal references from any liability for damages resulting directly or indirectly from such disclosures.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The Company provides equal employment opportunities to all employees and applicants without regard to race, color, religion, ancestry, sex, age, national origin, disability, medical condition, veteran status, citizen status, sexual orientation, genetic information or any other protected characteristic as established by law.

**↑ Do not write below this line ↑  
Previous Employer Reference**

Name \_\_\_\_\_

Position applied for \_\_\_\_\_. It would be appreciated if you will supply, in confidence, the following information concerning this applicant.

Dates Employed from \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_

Still Employed  Yes  No If not still employed  Left Voluntarily  Left Involuntarily

Would you rehire this individual?  Yes  No Remarks \_\_\_\_\_

Individual's Attendance Record  Excellent  Average  Below Average  Other

Did this individual have satisfactory job performance?  Yes  No

Remarks \_\_\_\_\_

\_\_\_\_\_  
Reference Provider Name Title Date

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address Phone