

Application for Employment

Acadian Wood Products (Little Rock) - 6200 Sears Drive, Little Rock, AR 72209 Ph# 501-562-2041

(Answer all questions - please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, or non-job related disability.

Position(s) applied for _____ Date of Application _____

How did you learn about us (circle) Advertisement Employment Agency Friend Relative Inquiry

Other _____

Name _____ Social Security # _____
Last First Middle

Current Address _____ Street _____ City _____
State Zip Phone How Long?

Best time to contact you at home? _____

If you are under age 18, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If yes, give date(s) _____

Have you ever been employed with us before? Yes No

If yes, give date(s) _____

Do any of your friends or relatives work here? Yes No

If yes, give name, position and relationship _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because
of Visa or immigration status? Yes No

Have you ever been convicted of a felony? If yes, give details below. Yes No

(Conviction is not an automatic disqualification. All relevant facts and circumstances will be considered.) _____

Date available to start working _____ Desired salary range _____

Type of employment desired (circle)

Full Time

Part Time (list hours available) _____

Temporary/Seasonal (list dates available) _____

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

EDUCATION

School	Name & Address of School	Course of Study	# of yrs	Diploma/Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Other Qualifications - Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills (Skills/Equipment Operated) - Please Circle

Terminal
MAC

PC
Spreadsheet

Word Processing
WPM _____

Please list any machinery operated or state any additional information you feel may be helpful to us in considering your application.

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? *A review of the activities involved in such a job or occupation has been given.* Yes No

Personal/Professional References - Do not include family members or past supervisors.

Name	Phone #	Best Time To Call	Occupation

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason For Leaving		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason For Leaving		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	

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Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason For Leaving		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	

TO BE READ AND SIGNED BY APPLICANT

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made post hire.)

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Date

Applicant's Signature

This application will be considered for only 60 days after its completion. If you wish to be considered for employment after that time, you must submit a new application. Incomplete application forms will not be considered.