



# Application for Employment

Please complete entire application and return to any Parr Lumber Company location.

PARR LUMBER COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER COMMITTED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, COLOR, ANCESTRY, GENDER, AGE, RELIGION, MARITAL, VETERAN OR CITIZENSHIP STATUS, SEXUAL ORIENTATION, NATIONAL ORIGIN, THE PRESENCE OF ANY SENSORY, MENTAL OR PHYSICAL, OR ANY OTHER BASIS PROHIBITED BY LOCAL STATE, OR FEDERAL LAW. APPLICANTS MAY REQUEST A REASONABLE ACCOMMODATION AT ANY POINT IN THE EMPLOYMENT PROCESS. PARR LUMBER COMPANY IS A DRUG FREE WORKPLACE AND PRE-EMPLOYMENT DRUG TESTING IS REQUIRED.

## PERSONAL INFORMATION: (Please type or print)

Full Legal Name	Name you would like us to call you
Present Street Address	E-mail Address
City, State, Zip Code	Person to Contact in an Emergency
Telephone Number(s)	Telephone Number of Emergency Contact
Have you ever been employed by Parr Lumber Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any relatives or members of your household working for Parr Lumber Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," list the names of the employees and your relationship to them. (Answering "yes" will not disqualify you from employment. Information received regarding employee relationships will assist us in making placement decisions.)	
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a valid driver's license? Answering "no" will not bar you from consideration for employment for non-driver positions. <input type="checkbox"/> Yes <input type="checkbox"/> No	
What class of driver's license do you hold? <input type="checkbox"/> C (Standard) <input type="checkbox"/> C (CDL w/out Air Brakes) <input type="checkbox"/> C (CDL w/Air Brakes) <input type="checkbox"/> B (CDL w/out Air Brakes) <input type="checkbox"/> B (CDL w/Air Brakes) <input type="checkbox"/> A (CDL)	
Driver's License State & Number & Expiration Date	Endorsement (i.e. Hazardous Materials)
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to perform the essential functions of the job as outlined on the job description for the position for which you are applying either with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been convicted of a felony? If "yes" explain below. (Conviction of a crime will not automatically bar you from employment with Parr Lumber Company.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you awaiting prosecution for any crime, excluding minor traffic violations? If "yes" explain below. <input type="checkbox"/> Yes <input type="checkbox"/> No	

## EMPLOYMENT DESIRED:

Position (Please be specific)	Date available for employment
Are you available to work (you may mark more than one): <input type="checkbox"/> Full-time? <input type="checkbox"/> Over-time? <input type="checkbox"/> Part-time?	



**EMPLOYMENT EXPERIENCE:**

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Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

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Address \_\_\_\_\_ Employed From (Month/Year) To (Month/Year) \_\_\_\_\_

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Telephone Number \_\_\_\_\_ Starting Wage/Salary \_\_\_\_\_ Ending Wage/Salary \_\_\_\_\_

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Position \_\_\_\_\_ Duties Performed \_\_\_\_\_

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What did you like most about your job? \_\_\_\_\_

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What did you like least about your job? \_\_\_\_\_

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

**EMPLOYMENT EXPERIENCE:**

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Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

---

Address \_\_\_\_\_ Employed From (Month/Year) To (Month/Year) \_\_\_\_\_

---

Telephone Number \_\_\_\_\_ Starting Wage/Salary \_\_\_\_\_ Ending Wage/Salary \_\_\_\_\_

---

Position \_\_\_\_\_ Duties Performed \_\_\_\_\_

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What did you like most about your job? \_\_\_\_\_

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What did you like least about your job? \_\_\_\_\_

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

**EMPLOYMENT EXPERIENCE:**

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Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

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Address \_\_\_\_\_ Employed From (Month/Year) To (Month/Year) \_\_\_\_\_

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Telephone Number \_\_\_\_\_ Starting Wage/Salary \_\_\_\_\_ Ending Wage/Salary \_\_\_\_\_

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Position \_\_\_\_\_ Duties Performed \_\_\_\_\_

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What did you like most about your job? \_\_\_\_\_

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What did you like least about your job? \_\_\_\_\_

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

**EMPLOYMENT LOCATION:** Mark those locations where you would like to be considered for employment.

- |  |  |                                  |  |
|--|--|----------------------------------|--|
| <input type="checkbox"/> Corporate Headquarters          | <input type="checkbox"/> Burns         | <input type="checkbox"/> Salem   | <input type="checkbox"/> Ridgefield      |
| <input type="checkbox"/> West Portland Metropolitan Area | <input type="checkbox"/> Klamath Falls | <input type="checkbox"/> Albany  | <input type="checkbox"/> Everett         |
| <input type="checkbox"/> East Portland Metropolitan Area | <input type="checkbox"/> Forest Grove  | <input type="checkbox"/> Eugene  | <input type="checkbox"/> Pasco           |
| <input type="checkbox"/> Central Oregon                  | <input type="checkbox"/> Newberg       | <input type="checkbox"/> Medford | <input type="checkbox"/> Cabinet Outlets |
| <input type="checkbox"/> Vancouver                       | <input type="checkbox"/> West Linn     | <input type="checkbox"/> Tacoma  | <input type="checkbox"/> Other _____     |

**EMPLOYMENT UNDERSTANDING:** *Read the following statements carefully before signing this application. Only those applications that are signed and dated are considered valid. If you have any questions regarding this statement, please speak to a Human Resources representative of Parr Lumber Company.*

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information or omission will be grounds for rejection of my application or I may be subject to immediate termination if discovered after I am employed. I understand, acknowledge and authorize Parr Lumber Company to make inquiry of and contact any of the persons or organizations named in this application and I authorize any of the persons, organizations or institutions named in this application or in any other documents provided to you to give you complete information and records that may be required to make a hiring decision.

I also understand that my employment will be subject to the satisfactory results of any pre-employment examination required by Parr Lumber Company and I hereby consent to any such check including a criminal background investigation or records maintained by law enforcement agencies as well as an investigation of my credit history. I also hereby consent to a pre-employment mandatory test to detect drug usage. Applicants who test positive on drug screening will not be considered for employment. I also understand that if a job offer is made, depending on the position, it will be contingent upon the successful passing of a physical exam and/or a physical capacity test. Further, I understand that if I am hired for a sales or management position, or am promoted into such a position in the future, I will be asked to sign a confidentiality and/or non-compete agreement prior to the inception of my employment. I agree to conform to all rules and regulations of Parr Lumber Company as they presently exist or are later modified. I recognize that if I am hired, my employment is for no definite period of time, and can be terminated at the discretion of the company or at my option, with or without notice, at any time, and for any reason or no reason at all.

I also understand that no representative of Parr Lumber Company has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits or terms and conditions of employment except as specifically set forth in writing in a current individual employment agreement signed by the CEO or CFO of Parr Lumber Company.

I understand this application is valid for only ninety (90) days from the date I sign it. If I want to be considered for job openings more than ninety (90) days from the date I sign the application, I must submit a new application.

By signing below, I certify that I have read, understand and agree to the terms of the above employment understanding.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR USE BY PARR LUMBER COMPANY**

Neatness	Attitude	Personality	Ability
Interviewed By		Interview Date	
Yard/Department	Salary/Wages	Job Classification	Employee Number
Date Will Report to New Employee Orientation		Human Resources Authorization Code	
Signature of Hiring Manager & Date		Signature of Human Resources Manager & Date	

**AUTHORIZATION TO OBTAIN CONSUMER REPORT  
PURSUANT TO 15 U.S.C. §1681b(b)(2)(B)**

I authorize Parr Lumber Company to obtain a consumer report for employment purposes. I understand that an inquiry may include, but is not limited to: criminal records, motor vehicle records, credit records, address verification, social security verification, civil court records, bankruptcy records, personal or professional references, education verification, and copies of prior personnel files. An inquiry may be made as part of a pre-employment screening process as well as at any time during the course of employment. No additional notice or authorization shall be needed for future inquiries and to obtain additional consumer reports.

I understand the use of my date of birth is for identification purposes only and that Parr Lumber Company is an equal opportunity employer. Prospective employees will receive consideration without regard to age, race, color, religion, sex, national origin, sexual orientation, disability or veteran status.

This authorization and disclosure is presented pursuant to the Fair Credit Reporting Act, 15 U.S.C. §1681b(b)(2)(B) and any applicable state laws.

Date: \_\_\_\_\_

Name of Authorizing Consumer: \_\_\_\_\_  
(Please Print)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Driver's License (Optional): \_\_\_\_\_

Signature of Authorizing Consumer: \_\_\_\_\_