



# Application for Employment

This is a typeable form in Adobe or you may complete the form clearly in ink.  
Please sign where indicated on pages 4 & 5 and fax to (508) 809-5254  
or return to Oxford Lumber, Human Resources, 71 Maple St, Mansfield, MA 02048.  
We cannot process unsigned applications.

## APPLICANT INFORMATION

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last* *First* *Middle*

Address: \_\_\_\_\_  
*Street* *City* *State* *Zip Code*

Previous Address: \_\_\_\_\_  
*Street* *City* *State* *Zip Code*

Telephone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
*Days* *Evenings*

Email address: \_\_\_\_\_

Are you at least 18 years old?  Y  N Are you legally authorized to work in the U.S.?  Y  N

How did you hear of our company?  Newspaper  Employee Referral  
 Agency  Other \_\_\_\_\_

## JOB INTEREST

Are you currently employed?  Y  N If not, when was your last day of employment? \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Shift Preference:  Full Time  Part-Time  Temp  Seasonal

Part-Time Days/Hours Preference: \_\_\_\_\_

How soon could you start? \_\_\_\_\_

Are you available to work overtime?  Yes  No

**Our company is committed to a policy of nondiscrimination and equal opportunity for all employees and qualified applicants without regard to race, color, religious creed, national origin, ancestry, sex, sexual orientation, gender identity, age, disability, veteran's status or genetic information.**

### EDUCATIONAL BACKGROUND

Type of School	Name and City	Did you Graduate?	Course or Major
College			
Technical School			
High School			
Other			

### LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

Company Name:					Dates Worked		Position(s) Held:	
Address, City, State, Zip:					From	To		
Phone No. : ( )		Duties/Responsibilities:						
Type of Business:								
Supervisor:		Reason for Leaving:						
Base Gross Income \$:	Starting Wage:	Per	Present Wage:	Per	<input type="checkbox"/> Bonus	Amount	Hours Worked	
		<input type="checkbox"/> Hour <input type="checkbox"/> Year		<input type="checkbox"/> Hour <input type="checkbox"/> Year	<input type="checkbox"/> Incentive			

Company Name:					Dates Worked		Position(s) Held:	
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Phone No. : ( )		Duties/Responsibilities:						
Type of Business:								
Supervisor:		Reason for Leaving:						
Base Gross Income \$:	Starting Wage:	Per	Present Wage:	Per	<input type="checkbox"/> Bonus	Amount	Hours Worked	
		<input type="checkbox"/> Hour <input type="checkbox"/> Year		<input type="checkbox"/> Hour <input type="checkbox"/> Year	<input type="checkbox"/> Incentive			

Company Name:					Dates Worked		Position(s) Held:	
Address, City, State, Zip:					From	To		
Phone No. : ( )		Duties/Responsibilities:						
Type of Business:								
Supervisor:		Reason for Leaving:						
Base Gross Income \$:	Starting Wage:	Per	Present Wage:	Per	<input type="checkbox"/> Bonus	Amount	Hours Worked	
		<input type="checkbox"/> Hour <input type="checkbox"/> Year		<input type="checkbox"/> Hour <input type="checkbox"/> Year	<input type="checkbox"/> Incentive			

**VOLUNTEER WORK:** All applicants are welcome to provide verifiable volunteer work history below. You are not required to include organizational names that would indicate possible membership in a protected class such as race, color, religion, sex, gender identity, or national origin.

Company Name:					Dates Worked		Position(s) Held:	
Address, City, State, Zip:					From	To		

Phone No. :	( )	Reason for Leaving:
Supervisor:		Hours Worked:
Duties/Responsibilities:		

WORK REFERENCES			
Name:		Years Known:	Relationship & Title:
Company:			
Work Address, City, State, Zip:		Home Phone	Work Phone

Name:		Years Known:	Relationship & Title:
Company:			
Work Address, City, State, Zip:		Home Phone	Work Phone

Name:		Years Known:	Relationship & Title:
Company:			
Work Address, City, State, Zip:		Home Phone	Work Phone

SPECIAL SKILLS ( Please check the skills for which you have received training)			
<input type="checkbox"/> Word Processing WPM ( )	<input type="checkbox"/> Data Entry	<input type="checkbox"/> 10-Key Calculator	
<input type="checkbox"/> Software Packages:			
<input type="checkbox"/> Programming Languages:			
<input type="checkbox"/> Database:			
<input type="checkbox"/> Manufacturing Equipment:			
<input type="checkbox"/> Other:			

#### Training Courses

Describe any relevant training programs you have completed. Include the types of training, the sources of the training, and the dates of the training.

**Required License(s)** If required to drive a motor vehicle in the job applied for, do you have a valid driver's license?

Yes  No If yes, please provide: #: \_\_\_\_\_ State: \_\_\_\_\_

Are you licensed with any group, association or society relating to the job for which you are applying?  Yes  No

If yes: License Name & # \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expires \_\_\_\_\_

**Briefly describe the type of work for which you are best qualified.**

Note any details about your qualifications. Include special skills such as machines operated, licenses, etc.

**At-Will Employment:** Should you decide to accept our offer, you will be an at-will employee with the company. This means the employment relationship can be terminated by either one of us at any time for any reason.

**AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize Oxford Lumber and Building Materials, Inc. to make any investigations of my prior employment or educational history. This information will assist them in their assessment of my qualifications.

I hereby authorize my present and past employers and schools that I have attended to release any employment information (including attendance records, performance evaluations, etc.), references, academic records (including transcripts, credentials, etc.) and any other confidential information that Oxford Lumber and Building Materials, Inc. may request.

I hereby waive any right I may have to review the information collected through the above authorization.

I have carefully read and reviewed all the provisions above and have voluntarily agreed to sign this authorization.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

**CONSENT TO DRUG/ALCOHOL TEST FOR  
Oxford Lumber and Building Materials, Inc.**

1. Consent. I, \_\_\_\_\_, hereby consent to be tested for the presence of the substances set forth below in Oxford Lumber and Building Materials, Inc.'s Drug/Drug Policy, a copy of which has been provided to me
2. Purpose. Oxford Lumber and Building Materials, Inc. has informed me about its Drug/Alcohol testing policy, a copy of which I have received. I understand and acknowledge Oxford Lumber and Building Materials, Inc. tests for the presence of the substances set forth in its Drug/Alcohol Policy for safety concerns and so that Oxford Lumber and Building Materials, Inc. may maintain a safe work environment for all employees.
3. Condition to Employment. I understand that the Test is a prerequisite to employment with Oxford Lumber and Building Materials, Inc., and that if I refuse to take the Test, or if I in any way attempt to manipulate or frustrate the Test or the results of the Test, I will be terminated from employment and/or my offer of employment will be denied.
4. Release. I hereby consent to the release of the results of the Test from First Advantage to Oxford Lumber and Building Materials, Inc., and understand that the results of the Test will be kept confidential by Oxford Lumber and Building Materials, Inc., and the results of the Test will not be disclosed to any person other than me, and employees or officers of Oxford Lumber and Building Materials, Inc. where necessary to the employment application/review or hiring process.
5. Substances. The Test shall be implemented to test me for the following substances are set forth in Oxford Lumber and Building Materials, Inc.'s Drug/Alcohol Policy, a copy of which has been provided to me.
6. Positive Tests. I understand that if the Test is positive for any of the above substances, I will have an opportunity to explain the positive result to First Advantage. If I am unable to offer a satisfactory explanation for the positive result, I understand that I will be terminated from employment and/or my offer of employment will be denied.

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

\_\_\_\_\_  
*Applicant Name (please print)*

\_\_\_\_\_  
*Date Signed*

## JOB APPLICANTS AGREEMENT AND CERTIFICATION

"I certify that the information given to me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information."

"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Oxford Lumber and Building Materials, Inc. and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Oxford Lumber and Building Materials, Inc. unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that Oxford Lumber and Building Materials, Inc. retains that same right."

"I understand that prior to being offered employment with Oxford Lumber and Building Materials, Inc.; I may be requested to take an employment examination. In the event I have a disability that will affect my ability to take the test, I will so inform Oxford Lumber and Building Materials, Inc. prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. Oxford Lumber and Building Materials, Inc. reserves the right to require medical documentation concerning the need for accommodations."

"I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time."

"I understand that this application will be kept on active file for 30 days from the date completed, after which time I would have to reapply in accordance with established company procedures."

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*Signature of Applicant*

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*Date Signed*

Applicant Name (*please print*):

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