

# Application for Employment

This is a typeable form in Adobe or you may complete the form clearly in ink.  
Please sign where indicated on page 4 and fax to (508) 339-4518  
or return to National Lumber, Human Resources, 71 Maple St, Mansfield, MA 02048.  
We cannot process unsigned applications.

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## 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 \_\_\_\_\_

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## 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

Have you worked for National Lumber previously?  Yes  No If yes, when? \_\_\_\_\_

**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:		

Company Name:		Dates Worked		Position(s) Held:
Address, City, State, Zip:		From	To	
Phone No. :	( )	Duties/Responsibilities:		
Type of Business:				
Supervisor:		Reason for Leaving:		

Company Name:		Dates Worked		Position(s) Held:
Address, City, State, Zip:		From	To	
Phone No. :	( )	Duties/Responsibilities:		
Type of Business:				
Supervisor:		Reason for Leaving:		

**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:			Home Phone	Work Phone
Work Address, City, State, Zip:				

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

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

**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.

## 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 National Lumber Company 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 National Lumber Company 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 National Lumber Company retains that same right."

"I understand that prior to being offered employment with National Lumber Company; 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 National Lumber Company 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. National Lumber Company 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*): \_\_\_\_\_

Massachusetts General Laws c.149 s19B requires that the following statement be included on employment applications: "It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability."

Massachusetts General Laws c.151B defines "genetic information" as any written record or explanation of a genetic test of a person's family history with regard to the presence, absence or variation of a gene. A genetic test is broadly defined as "any test of DNA, RNA, mitochondrial DNA, chromosome or proteins for the purpose of identifying genes or genetic abnormalities." The law expressly excludes drug and alcohol tests from this definition, meaning that employers may continue to conduct such tests in accordance with existing legal requirements.

These new statutory provisions specifically prohibit employers from (1) terminating or refusing to hire individuals on the basis of genetic information; (2) requesting genetic information concerning employees, applicants or their family members; (3) attempting to induce individuals to undergo genetic tests or otherwise disclose genetic information; (4) using genetic information in any way that affects the terms and conditions of an individual's employment; or (5) seeking, receiving or maintaining genetic information for any non-medical purpose.