

APPLICATION FOR EMPLOYMENT

WE ARE A DRUG-FREE EQUAL OPPORTUNITY WORKPLACE



Huron
Fremont
Port Clinton
Bowling Green

Genoa
Bellevue
Components

GENERAL OFFICES:
1515 CROGHAN STREET, FREMONT, OHIO 43420
PH: (419) 333-5444 FAX: (419) 333-5445 www.gordonlumber.com

Position (s) Applied for _____ Today's Date ____/____/____

Please indicate by circling one or all of the locations listed above, where you would be willing to work.

Referral Source: Please share with us where you heard of this position (i.e., newspaper, website, friend, relative, etc.) _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ - _____ - _____ Email _____

Are you at least 18 years old? _____ yes _____ no

Have you filed an application here before? _____ yes _____ no Date ____/____/____

Have you ever been employed here before? _____ yes _____ no Date ____/____/____

Are you legally authorized to work in the United States? _____ yes _____ no

Pursuant to the Immigration Reform and Control Act of 1986, all applicants who are offered employment must produce documents establishing their identity and authorization for employment in the United States. These documents must be produced no later than seventy-two (72) hours after employment commences. In addition, all new hires will be required to verify their employment authorization under oath by signing INS Form I-9.

Are you available to work? _____ Full Time _____ Part Time _____ Other _____ Overtime when needed

Date you can start ____/____/____ Can you travel if job requires it? _____ yes _____ no

Are you currently laid off and subject to recall? _____ yes _____ no

Do any of your friends or relatives other than your spouse, work here? _____ yes _____ no

If yes, list name (s) _____

Have you ever been convicted, or pleaded no contest to a felony? _____ yes _____ no

Do not respond as to any convictions that have been expunged or sealed.

A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of the offense for which you were convicted, the circumstances surrounding the commission of the offense and your subsequent rehabilitation.

If yes, explain _____

Any moving violations? _____ yes _____ no If yes, explain _____

EDUCATION AND TRAINING

School	Name and Location of School	Course of Study	No. Years Completed	Did you Graduate	Degree of Diploma
High				___ Yes ___ No	
Trade or Business				___ Yes ___ No	
College				___ Yes ___ No	
Graduate				___ Yes ___ No	
Other				___ Yes ___ No	
License or Certificate Training				___ Yes ___ No	
Other Special Training					

EMPLOYMENT HISTORY

1. Employer _____
 Date employed: From ___/___/___ ___/___/___
 Address _____
 Pay at start date _____ Current or last pay _____
 Supervisor _____
 State job title and describe your work: _____

 Reason for leaving _____

2. Employer _____
 Date employed: From ___/___/___ ___/___/___
 Address _____
 Pay at start date _____ Current or last pay _____
 Supervisor _____
 State job title and describe your work: _____

 Reason for leaving _____

3. Employer _____
 Date employed: From ___/___/___ ___/___/___
 Address _____
 Pay at start date _____ Current or last pay _____
 Supervisor _____
 State job title and describe your work: _____

 Reason for leaving _____

Is there any other work or other experience that you believe qualifies you for employment with Gordon Lumber Company? If so, please explain.

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 inquires of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquires in connection with my application. I understand and agree that nothing in this application shall constitute an offer, a contract or a guarantee of employment for a specific period of time. If hired, I understand that my employment may be terminated with or without cause and with or without notice at any time, at the will of the Company or me. I further understand that no representative or agent of the Company, other than the CEO, has the authority to enter into any agreement for employment for any specific period of time, or to make an agreement contrary to the foregoing. I also understand that any agreement modifying my at-will employment status must be in writing and signed by the CEO. In addition, I understand that the Company and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms and conditions of employment.

I understand and agree that any deception, fraud or my providing false or misleading statements of material facts in this application or examination process may cause the forfeiture of all rights to any employment or immediate if discovered after starting employment.

Date ____/____/____ Applicant's Signature _____

I also understand and agree that any causes of action or claims that I may have or bring against Gordon Lumber Company must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary. I waive the right to a jury trial for any claims that I may have against the Company and agree to submit all such claims for resolution by a judge serving without a jury in the appropriate court with jurisdiction over the matter.

We recommend this because such waivers have been found lawful in Ohio and this then serves to limit the statute of limitations on employment claims to 6 months and requires a bench trial (which is often more favorable to employers), not a jury trial.

I understand and agree that any deception, fraud or my providing false or misleading statements of material facts in this application or examination process may cause the forfeiture of all rights to any employment or immediate if discovered after starting employment.

Date ____/____/____ Applicant's Signature _____