

Application for Employment



- ☐ Cummings Lumber Company 21756 Route 14, PO Box 6, Troy PA 16947
☐ Flooring Division, Cummings Lumber Company 75 Eureka Drive, Troy PA 16947
☐ Barefoot Pellet Co. 22685 Route 14, PO Box 96, Troy, PA 16947
☐ All

570 297-4771

Please print all information. Fill out all applicable areas.

Date ____/____/____

Full Name

Last

First

Middle

Address

Street

City

State

Zip

Phone Number (____) _____

Email _____

Date Available for Work _____

Do you need to give current employer notice? _____

Best Time to Contact _____

Type of Employment Applied for. Check all that apply. ☐ Full Time ☐ Part Time ☐ Temporary

☐ Production Labor ☐ Maintenance ☐ Office ☐ Summer ☐ Other _____

Are you willing to work ☐ First Shift ☐ Second Shift ☐ Third Shift ☐ Saturdays ☐ All ☐ Other

Are you on Layoff? ☐ Yes ☐ No Are you subject to Recall? ☐ Yes ☐ No When _____

Are you over 18 years of age? ☐ Yes ☐ No

Are you in College? ☐ Yes ☐ No

Do you have viable Transportation or Arrangements to get to work on time every day? ☐ Yes ☐ No

Referral Source ☐ Advertisement ☐ Employee ☐ Relative ☐ Government Employment Agency

☐ Walk In ☐ Private Employment Agency ☐ Other _____

Any Relatives or Friends working here? ☐ Yes ☐ No Name (s) _____

Have you ever applied here before? ☐ Yes ☐ No If yes, dates _____

Have you ever worked here before? ☐ Yes ☐ No If yes, dates _____

Are you Legally Eligible for Employment in the USA? ☐ Yes ☐ No Proof will be required on Hire

Will you Work Overtime if required? ☐ Yes ☐ No Will you Travel if required? ☐ Yes ☐ No

Will you undergo a Pre-Employment Physical and / or Urine Drug Test? ☐ Yes ☐ No

Have you ever been convicted of a crime? ☐ Yes ☐ No If yes, explain _____

Production Positions at our Facilities Require the Performance of Twisting, Turning, Pushing, Pulling, Carrying, Lifting and / or Bending Motions. Are You Able to Meet These Requirements? ☐ Yes ☐ No

Education

☐ High School - Years Completed _____ ☐ GED ☐ College – Years Completed _____

Name of High School _____

Name of College _____

☐ Military Service (Veteran) ☐ Military Reserves ☐ Trade School – Years Completed _____

Do you have any Skills or Further Education that would benefit your employment? ☐ Yes ☐ No

Explain _____

Employment History

List the last three (3) Employers, Military Service or Volunteer Activities starting with the most recent.

Employer _____ Phone Number _____

Address _____
Street / PO Box City State Zip

Position / Title _____ Immediate Supervisor _____

Duties _____

Date Started ____/____/____ Date Finished ____/____/____ ☐ Still Employed at Present

Starting Wage \$ _____ Ending Wage \$ _____ May we Contact Them ☐ Yes ☐ No ☐ Later

Reason for Leaving _____

Employer _____ Phone Number _____

Address _____
Street / PO Box City State Zip

Position / Title _____ Immediate Supervisor _____

Duties _____

Date Started ____/____/____ Date Finished ____/____/____

Starting Wage \$ _____ Ending Wage \$ _____ May we Contact Them ☐ Yes ☐ No ☐ Later

Reason for Leaving _____

Employer _____ Phone Number _____

Address _____
Street / PO Box City State Zip

Position / Title _____ Immediate Supervisor _____

Duties _____

Date Started ____/____/____ Date Finished ____/____/____

Starting Wage \$ _____ Ending Wage \$ _____ May we Contact Them ☐ Yes ☐ No ☐ Later

Reason for Leaving _____

References List two business / work references that are not related to you and are not previous Supervisors.

Name _____ Phone # _____ Years Known _____

Name _____ Phone # _____ Years Known _____

List Membership in Any Professional, Trade or Business Associations.

Name _____ Office Held _____

Name _____ Office Held _____

Are you on Unemployment Compensation at the present time? ☐ Yes ☐ No

If yes, from what employer _____

☐ Check here if additional information (resume) is attached

Your application will be kept active for a period of one year from the original date. You may update your interest periodically at your discretion.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and / or termination from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or

without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations from furnishing such information.

The Employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

Signature of Applicant

Date

THIS APPLICATION IS NOT COMPLETE UNTIL ALL STATEMENTS BELOW ARE READ AND INITIALED AND THE SECTION IS SIGNED

Initial _____ I agree to complete an application for security clearance, if required, and sign an agreement concerning confidential information and inventions.

Initial _____ I agree to submit to a medical examination including a drug and alcohol test. I understand that any offer of employment will be contingent on acceptable results.

Initial _____ I understand any omission or misrepresentation I make may result in refusal or separation from employment.

Initial _____ I understand I will be employed "at will", meaning either the company or I am free to terminate or change the employment relationship at any time with or without prior notice or cause. This "at will" employment relationship can only be modified by an express written employment agreement signed by me and the company President.

Initial _____ I authorize the Company to obtain consumer reports, consumer credit reports and / or investigative consumer reports about me, including a criminal records search and education and employment verifications, in connection with this application or during my employment if hired. I fully release the Company and all other employers, persons, corporations, partnerships, and associations from all liabilities related to those investigations or disclosures.

Signature of Applicant

Date

**Human Resources Department
570 297-4771**



Complete and sign the top portion of this Information Release Form

- ☐ Cummings Lumber Company 21756 Route 14, PO Box 6, Troy PA 16947
☐ Barefoot Flooring Division, Cummings Lumber Company 75 Eureka Drive, Troy PA 16947

☐ Barefoot Pellet Co. 22685 Route 14, PO Box 96, Troy, PA 16947
☐ All

I request that information concerning me be released to this company for employment purposes only. I further understand that all information released will be held in strict confidence, and I hereby release both the company and my previous employer(s), school (academic records), and / or personal references from any liability for damages resulting directly or indirectly from such disclosures.

Print Name

Signature

Date

The Company provides equal employment opportunities to all employees and applicants without regard to race, color, religion, ancestry, sex, age, national origin, disability, medical condition, veteran status, citizen status, sexual orientation, genetic information or any other protected characteristic as established by law.

↑ **Do not write below this line** ↑
Previous Employer Reference

Name _____

Position applied for _____. It would be appreciated if you will supply, in confidence, the following information concerning this applicant.

Dates Employed from _____ to _____ Position _____

Still Employed ☐ Yes ☐ No If not still employed ☐ Left Voluntarily ☐ Left Involuntarily

Would you rehire this individual? ☐ Yes ☐ No Remarks _____

Individual's Attendance Record ☐ Excellent ☐ Average ☐ Below Average ☐ Other

Did this individual have satisfactory job performance? ☐ Yes ☐ No

Remarks _____

Reference Provider Name _____

_____ Title _____

_____ Date _____

Company Name _____

Address _____ Phone _____