



**GREAT HOMES START AT OPDYKE**

**APPLICATION FOR EMPLOYMENT**

*H.J. OPDYKE LUMBER CO., INC., is an Equal Opportunity Employer providing fair and equitable treatment to all applicants for employment without regard to race, color, religion, sex, national origin, age disability, or status as a Vietnam-era or special disabled veteran in accordance with all applicable Federal and State Laws. In compliance with the Americans with Disabilities Act (ADA), Title I, if you are called for an interview, Please advise us in advance if you will need any accommodation(s).*

**PLEASE PRINT**

**PERSONAL**

Position desired (or type of work) \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_

Are you legally eligible for employment in the U.S.? Yes \_\_\_ No \_\_\_

If hired and under age 18, can you provide a work permit? Yes \_\_\_ No \_\_\_

Have you ever applied at Opdyke Lumber before? Yes \_\_\_ No \_\_\_

What times are you available to work? (Check all that apply) Full time \_\_\_ Part Time \_\_\_ Weekends \_\_\_  
Overtime \_\_\_ Hours per week available \_\_\_

Date available \_\_\_\_\_ Pay desired to start \_\_\_\_\_

Do you have a current driver's license? \_\_\_ If yes, in what state? \_\_\_

*Note: H.J. Opdyke Lumber Co. is proud to be a drug free workplace. As such, all applicants offered employment must first pass a drug test as a final condition of employment. Be advised that to maintain this safe environment, on going drug/alcohol tests are done and must be passed as a condition of continued employment*

## WORK HISTORY

List previous employers, beginning with the most recent:

1. Company \_\_\_\_\_ Supervisor \_\_\_\_\_

Phone \_\_\_\_\_

Last Position Held \_\_\_\_\_ Duties/Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

2. Company \_\_\_\_\_ Supervisor \_\_\_\_\_

Phone \_\_\_\_\_

Last Position Held \_\_\_\_\_ Duties/Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

3. Company \_\_\_\_\_ Supervisor \_\_\_\_\_

Phone \_\_\_\_\_

Last Position Held \_\_\_\_\_ Duties/Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

*We will contact previous employers, if there is any reason not to call certain employers, please indicate which one(s) and give a brief explanation.* \_\_\_\_\_

## REFERENCES

List 3 people, other than relatives, whom you have known 5 or more years:

Name and Phone	Address	Employer/Occupation
Name: _____ Phone: _____		
Name: _____ Phone: _____		
Name: _____ Phone: _____		



**DRIVER BACKGROUND INFORMATION**

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Type \_\_\_\_\_ Expires \_\_\_\_\_

Accident record for the past 3 years. (Attach an additional sheet if necessary.)

	<u>Date of Accident</u>	<u>Type of Accident</u>	<u># of Fatalities</u>	<u># of Injuries</u>
Last Accident	_____	_____	_____	_____
Next Accident	_____	_____	_____	_____
Next Accident	_____	_____	_____	_____

Traffic Convictions and Forfeitures for the past 7 years. (Do not include parking violations.)

<u>City/State</u>	<u>Date</u>	<u>Charge</u>	<u>Penalty</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been denied a license or permit to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had your license, permit or privilege suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

*Please read first and then sign this statement before submitting your application.*

I hereby give H.J. OPDYKE LUMBER CO., permission to make a background check of my State motor vehicle records, and I release and hold harmless from any liability, all persons, companies and other organizations supplying said information. I further agree to furnish upon request such additional information as may be required to complete the selection process and to complete any job related examinations as needed.

I understand that any false answer, statement or implication made by me on this application section or other submitted documentations shall be sufficient cause for denial of employment or discharge. I further understand that my employment will be contingent upon successfully passing a drug and alcohol test and satisfactory motor vehicles records check. All entries are true and correct to the best of my knowledge.

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

## REQUEST FOR CHECKING OF DRIVING RECORD

In accordance with the provisions of section 604 and 607 of the Fair Credit Reporting Act, Public Law #91-508, and the Drivers Privacy Protection Act 18 U.S.C. 2721 et. seq. I certify that the information requested below will be used for a "permissible purpose" as defined in the act, and that the information received will be used for no other purpose. A copy of the act is available on request.

\_\_\_\_\_  
Company

\_\_\_\_\_  
Signature of Requester

\_\_\_\_\_  
Date

I hereby authorize Maran Corporate Risk Associates to release my complete driving record to the above listed company. I release them and Maran Corporate Risk Associates from any and all liability which may result from furnishing such information.

Name of Driver \_\_\_\_\_

Address: \_\_\_\_\_

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

License Number: \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_

Signature of Driver \_\_\_\_\_

