

# 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](http://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				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade or Business				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	
License or Certificate Training				<input type="checkbox"/> Yes <input type="checkbox"/> 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 \_\_\_\_\_