



dba Tum-A-Lum Lumber, Marson and Marson Lumber, and Browne's Home Center

## Application For Employment

Applicants receive consideration for employment without discrimination based on sex, race, color, creed, national origin, age, disability, marital status, or any other protected class.

LAST NAME	FIRST NAME	MIDDLE NAME	PHONE NUMBER	TODAY'S DATE
_____	_____	_____	_____	_____
SOCIAL SECURITY NUMBER _____				

MAILING ADDRESS	CITY	STATE	ZIP
_____			
EMAIL _____			

POSITION(S) YOU ARE APPLYING FOR: _____
THE POSITION FOR WHICH YOU ARE APPLYING FOR MAY REQUIRE DRUG TESTING AND A CRIMINAL BACKGROUND CHECK

ARE YOU AVAILABLE TO WORK: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> OVERTIME	WILLINGNESS TO RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
AVAILABLE FOR WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	ABILITY TO TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO

HIGH SCHOOL NAME AND LOCATION _____	GRADUATE? YES / NO	
YEARS OF COLLEGE _____	SUBJECTS STUDIED _____	GRADUATE? YES / NO

LIST ANY OTHER EDUCATION, TRAINING, SKILLS, EXPERIENCE, LICENSES, AND CERTIFICATIONS THAT YOU HAVE WHICH YOU FEEL WOULD BE USEFUL IN EMPLOYMENT AT TAL HOLDINGS LLC:
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IF NECESSARY FOR THE POSITION, ARE YOU ABLE TO PROVIDE A COPY OF A VALID DRIVERS LICENSE AND PROOF OF INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THIS JOB WITH OR WITHOUT A REASONABLE ACCOMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU AUTHORIZED TO WORK LEGALLY IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO

HAVE YOU APPLIED FOR WORK WITH TAL HOLDINGS LLC BEFORE? <input type="checkbox"/> YES / <input type="checkbox"/> NO
IF YES, WHEN AND WHERE? _____

LIST LAST FOUR EMPLOYERS, STARTING WITH CURRENT OR LAST ONE FIRST

NAME OF CURRENT OR LAST EMPLOYER	COMPANY PHONE #	POSITION HELD
_____	_____	_____
STREET ADDRESS		
_____		
CITY	STATE	ZIP
_____	_____	_____
	MAY WE CONTACT? YES / NO	DATES OF EMPLOYMENT (MO/YR)
		FROM _____ TO _____
	SUPERVISOR'S NAME	REASON FOR LEAVING?
	_____	_____

NAME OF CURRENT OR LAST EMPLOYER	COMPANY PHONE #	POSITION HELD
_____	_____	_____
STREET ADDRESS		
_____		
CITY	STATE	ZIP
_____	_____	_____
	MAY WE CONTACT? YES / NO	DATES OF EMPLOYMENT (MO/YR)
		FROM _____ TO _____
	SUPERVISOR'S NAME	REASON FOR LEAVING?
	_____	_____

NAME OF CURRENT OR LAST EMPLOYER	COMPANY PHONE #	POSITION HELD
_____	_____	_____
STREET ADDRESS		
_____		
CITY	STATE	ZIP
_____	_____	_____
	MAY WE CONTACT? YES / NO	DATES OF EMPLOYMENT (MO/YR)
		FROM _____ TO _____
	SUPERVISOR'S NAME	REASON FOR LEAVING?
	_____	_____

NAME OF CURRENT OR LAST EMPLOYER	COMPANY PHONE #	POSITION HELD
_____	_____	_____
STREET ADDRESS		
_____		
CITY	STATE	ZIP
_____	_____	_____
	MAY WE CONTACT? YES / NO	DATES OF EMPLOYMENT (MO/YR)
		FROM _____ TO _____
	SUPERVISOR'S NAME	REASON FOR LEAVING?
	_____	_____

I CERTIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENT OR OMMIS OF FACT MAY RESULT IN DISMISSAL SHOULD EMPLOYMENT BE OFFERED. I AUTHORIZE TAL HOLDINGS LLC TO INVESTIGATE AND VERIFY ANY OF THE INFORMATION I HAVE SUBMITTED IN APPLYING FOR EMPLOYMENT. I UNDERSTAND THAT EMPLOYMENT, IF OFFERED, WILL BE AT WILL OF THE EMPLOYER AT MYSELF AND MAY BE TERMINATED AT ANY TIME FOR ANY REASON BY EITHER PARTY.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE