

CORPORATE OFFICE: 2455 CENTURY ROAD GREEN BAY, WI 54307-0097 920-494-4744

## APPLICATION FOR EMPLOYMENT

DISTRIBUTION CENTERS LOCATED IN
\*GREEN BAY\*SUN PRAIRIE\*MILWAUKEE\*WEST SALEM\*SHEBOYGAN
FALLS, WISCONSIN\* PEKIN, ILLINOIS \* WILLIAMSBURG, MICHIGAN \*

## **COMPLETE DISTRIBUTORS OF LUMBER AND BUILDING SPECIALTIES**

Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

PERSONAL INFORMATION			DATE:				
NAME:							
PRESENT ADDRESS:		CITY		STATE	ZIP		
PHONE NUMBER:		CELL NUMBER:					
EMPLOYMENT INFORMATION							
OSITION DESIRED:			PART T	IME	FULL TIME		
DATE YOU CAN START:			SALARY	DESIRED:			
ARE YOU PRESENTLY EMPLOYED?							
IF EMPLOYED, MAY WE CONTACT YOUR E	MPLOYER?		_				
HAVE YOU EVER APPLIED TO THIS COMPA	ANY BEFORE?		-				
DO YOU CURRENTLY HOLD A VALID COMME	ERCIAL DRIVERS L	LICENSE?					
LICENSE NUMBER:	STATE	STATE:		EXPIRATION DATE:			
		DATE OF LAST D.O.T. PHYSICAL:					
EDUCATION							
NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED YES/NO		SUBJECTS STUDIED			

## **EMPLOYMENT HISTORY**

Employer Name and Address	Dates Employed	Salary	Position	Reason For Leaving
	FROM			
	ТО			
	FROM			
	то			
	FROM			
	то			

**REFERENCES**: PLEASE LIST 3 PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

Name and Address	Business	Years Acquainted
WEDE VOLUDEEDDED DV. (AMONE)		
WERE YOU REFERRED BY ANYONE?	IF YES, BY WHOM?	

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. The application is active for 30 days.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

DATE SIGNATURE