



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:	_____ FULL TIME	_____ PART TIME
AVAILABLE FOR WEEKENDS?	_____ YES	_____ NO

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

LIST ANY OTHER TRAINING, SKILLS, EXPERIENCE, LICENSES, AND CERTIFICATIONS THAT YOU HAVE WHICH YOU FEEL WOULD BE USEFUL IN EMPLOYMENT AT TAL HOLDINGS LLC:
---

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? _____	YES / NO
IF ANSWER IS YES, PLEASE EXPLAIN.	(A CONVICTION WILL NOT NECESSARILY PROHIBIT EMPLOYMENT)

HAVE YOU APPLIED FOR WORK WITH TAL HOLDINGS LLC BEFORE? _____	YES / NO
IF YES, WHEN AND WHERE? _____	

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

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

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

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

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

I CERTIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENT OR OMISSION 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 AND MYSELF AND MAY BE TERMINATED AT ANY TIME FOR ANY REASON BY EITHER PARTY.

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

\_\_\_\_\_  
DATE