



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

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
_____	_____	_____	_____	_____

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 OVERTIME

WILLINGNESS TO RELOCATE? YES NO

AVAILABLE FOR WEEKENDS? YES NO

ABILITY TO TRAVEL? YES 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:

IF NECESSARY FOR THE POSITION, ARE YOU ABLE TO PROVIDE A COPY OF A VALID DRIVERS LICENSE AND PROOF OF INSURANCE? YES NO

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THIS JOB WITH OR WITHOUT A REASONABLE ACCOMODATION? YES NO

ARE YOU AUTHORIZED TO WORK LEGALLY IN THE UNITED STATES? YES NO

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	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