



TAL HOLDINGS LLC
DBA: TUM-A-LUM LUMBER COMPANY

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	TODAYS DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SOCIAL SECURITY NUMBER <input type="text"/>			DATE OF BIRTH <input type="text"/>	

MAILING ADDRESS	CITY	STATE	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL <input type="text"/>		EMERGENCT CONTACT PHONE # <input type="text"/>	

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 <input type="checkbox"/>	PART TIME <input type="checkbox"/>
AVAILABLE FOR WEEKENDS?	____ YES	____ NO

HIGH SCHOOL NAME AND LOCATION <input style="width: 90%;" type="text"/>	GRADUATE?	YES / NO
YEARS OF COLLEGE <input style="width: 20%;" type="text"/>	SUBJECTS STUDIED <input style="width: 40%;" type="text"/>	GRADUATE? YES / NO

LIST ANY OTHER TRAINING, SKILLS, EXPERIENCE, LICENSES, AND CERTIFICATIONS THAT YOU HAVE WHICH YOU FEEL WOULD BE USEFUL IN EMPLOYMENT AT TUM-A-LUM LUMBER COMPANY:

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 EVER APPLIED FOR WORK WITH THIS COMPANY BEFORE?	YES / NO
IF YES, WHEN AND WHERE? <input style="width: 90%;" type="text"/>	

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?

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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 OMMISION 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