



**SCHERER
BROS.
LUMBER CO.**

Employment Application

Scherer Bros. is proud to be a drug free work place. A screening for illegal drug use is required as a condition of employment.

**A Pre-Employment Physical and other Background Checks will be conducted for specific positions.
A poor credit history or criminal conviction does not automatically result in disqualification for the position.**

Scherer Bros. Lumber Co. is an equal opportunity employer and does not discriminate against qualified applicants on the basis of race, color, religion, creed, gender or any other legally protected status.

(PLEASE PRINT)

Position applying for: _____ Date of Application: _____

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number(s): _____ Best time to contact you: ____:____ am pm

E-mail Address: _____ Preferred method of contact: Phone OR E-mail

Are you 18 years of age or older? Yes No

Have you ever been employed with us before? If yes, list date & location: _____ Yes No

Do any of your friends or relatives work for Scherer Bros.? Yes No
If yes, please list name, relationship and location: _____

Date Available for Work: _____ What is your desired salary range: _____

Are you available to work: Full Time (Please indicate shift: 1st 2nd 3rd)
 Part Time (Please indicate: Mornings Afternoons Evenings)
 Temporary (Please indicate dates available: _____ - _____)

EDUCATION:

School	Name & Address	Course of Study	# years completed	Diploma / Degree
High School				
College				
Graduate/Professional				
Other (Specify)				

ADDITIONAL INFORMATION:

State any additional information you feel may be helpful to us in considering your application. Include any job related training, U.S. Military Service, Volunteer Service, etc.

Name: _____

EMPLOYMENT EXPERIENCE:

List your most recent employer first. Please be thorough and detailed.

Employer:	Dates Employed		Work Performed
Address:	From	To	_____ _____ _____ _____
Phone:	Hourly Rate / Salary		
Job Title:	Starting	Final	
Supervisor:			
Reason for Leaving:			
			May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:	Dates Employed		Work Performed
Address:	From	To	_____ _____ _____ _____
Phone:	Hourly Rate / Salary		
Job Title:	Starting	Final	
Supervisor:			
Reason for Leaving:			
			May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:	Dates Employed		Work Performed
Address:	From	To	_____ _____ _____ _____
Phone:	Hourly Rate / Salary		
Job Title:	Starting	Final	
Supervisor:			
Reason for Leaving:			
			May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Explain any gaps in your work history: _____

 Have you ever been discharged or asked to resign from a job? Yes No Explain: _____

REFERENCES: (Do not include family members or past supervisors that you have listed above)

Name	Phone Number	Best time to call	Occupation

APPLICANT'S STATEMENT:

I certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Scherer Bros. to verify their accuracy and to obtain reference information on my work performance and history. I hereby release Scherer Bros. from all/all liability of whatever kind of nature, which could result from obtaining and having an employment decision based on such information.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Scherer Bros. is of an "at will" nature, which means that I may resign at any time and Scherer Bros. may discharge me at any time without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Scherer Bros.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations at Scherer Bros.

Signature of Applicant

Date

Dear Applicant:

Thank you for submitting your application for employment to Scherer Bros. Lumber Co. Your credentials will be reviewed. If your background and qualifications match our current hiring needs, we will contact you in the near future to arrange an interview. If we do not contact you, please feel free to apply for any other "open" positions which you feel that you qualify for. Your interest in employment with Scherer Bros. Lumber Co. is greatly appreciated and we thank you for the opportunity to review your credentials.

Sincerely,

Human Resources
Scherer Bros. Lumber Co.
www.schererbros.com/careers



EEO Employer/Contractor
Drug free workplace

Please, take a moment to complete and return the Applicant Self Identification Form below.

Applicant Self Identification Form

Scherer Brothers Lumber Co. is committed to providing equal employment opportunities to all applicants, regardless of race, color, creed, religion, national origin, sex, age, sexual preference, marital status, veteran status or disability. This information is collected to enable Scherer Bros. Lumber Co. to meet record-keeping and affirmative action requirements under Executive Order 11246, as amended, Title VI. and VII. of the Civil Rights Act of 1964, Title IX., Sections 503 and 504 of the Rehabilitation Act of 1973, American Disabilities Act of 1990, Vietnam Era Veteran's Readjustment Assistance Act of 1972, as amended, other federal and state statutes, regulations and company policies.

* Submission of this information is completely voluntary and confidential. It will be retained separately from your application and any subsequent personnel file. This information or refusal to provide it will not affect a hiring decision or subject you to any adverse treatment. We greatly appreciate your cooperation.

NAME: _____
(Last) (First) (Middle Initial)

POSITION/JOB TITLE APPLIED FOR: _____

SEX: Male Female

REFERRAL SOURCE:

- Scherer Bros. Job Posting Source: _____
 Scherer Bros. Employee Name: _____
 Newspaper Source: _____
 Walk-In Site: _____
 Other: Source: _____

VETERAN STATUS:

- Special Disabled Veteran
 Vietnam-Era Veteran
 Newly Separated Veteran
 Other protected Veteran
 Not Applicable

ETHNICITY:

- Caucasian** (White, not of Hispanic or Latino origin):
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- African American or Black** (Not of Hispanic or Latino origin):
A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino:**
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- Asian:** (Not Hispanic or Latino):
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino):
A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native:** (Not Hispanic or Latino):
A persons having origins in any of the original peoples of North and South America and who maintain identifiable tribal affiliations or community attachment.
- Two or More Races** (Not Hispanic or Latino)
All persons who identify with more than one of the above five races. (Excluding Hispanic or Latino).

DISABILITY STATUS: An individual who a.) has a physical or mental impairment that materially limits one or more major life activities*; b.) has a record of such an impairment; or c.) is regarded as having such an impairment.

*Major life activities may include such activities as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, sitting, standing, lifting, breathing, learning and working

According to this definition, are you disabled? Yes No