

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:	tion applying for: Date of Application:						
Last Name:		First Name: _	M.I				
Address:		City:	State	e: Zip:			
Telephone Number(s):		Best time to contact you:: am					
E-mail Address:			Preferred method of c	ontact: 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 of If yes, please list name, r							
Date Available for Work	:	What	is your desired salary ra	ange:			
Are you available to wor	Part Time (•	st 2 nd 3 rd) ngs Afternoons Even available:	O 7			
EDUCATION: School	Name & Address	Course of Study	# years completed	Diploma / Degree			
High School	Tume & Tumess	Course of Study	" years completed	Diploma / Degree			
College							
Graduate/Professional							
Other (Specify)							
ADDITIONAL INFOR State any additional information Service, etc.		considering your application.	Include any job-related trainin	ng, U.S. Military Service, Volunteer			



Employment Application (page 2)

Name: _____

Equal Opportunity Employer / Contractor EMDLOYMENT EXPEDIENCE.

List your most recent employer first. Please Employer:		Dates	Employed		Work Performed		
		From	То				
Address:	City:	State:	Zip:				
	City:	State:	Zip:				
Job Title:							
Supervisor:		Phone:					
Reason for Leaving:					ontact? Yes	No	
Employer:		Dates Employed			Work Performed		
		From	То				
Address:	City:	State:	Zip:				
Job Title:							
Supervisor:		Phone:					
Reason for Leaving:				May we Co	ontact? Yes	No	
Employer:		Dates Employed			Work Performed		
zmpro y or r		From	То		WOLL TO STATE		
Address:	City:	State:	Zip:				
Job Title:							
Supervisor:		Phone:					
Reason for Leaving:				May we Co	ontact? Yes	No	
Explain any gaps in you	ır work history:			I			
Have you ever been dis	-	resign from a job?	☐ Yes ☐ N	o Explain:			
REFERENCES: (Do no	ot include family membe	ers or past supervisors th	at you have listed above)			
Name		Phone Number		ne to call	Occupati	ion	

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.

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



Equal Opportunity 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 Fem	nale
REFERRAL SOURCE:		VETERAN STATU	S:
□ Scherer Bros. Job Posting	Source:	□ Special Disabled V	'eteran
□ Scherer Bros. Employee	Name:		an
□ Newspaper	Source:	□ Newly Separated V	⁷ eteran
□ Walk-In	Site:	Other protected Ve	eteran
□ Other:	Source:		
ETHNICITY:			
□ Caucasian (White, not of Hisp	anic or Latino origin):		
		Europe, the Middle East, or North Africa.	
☐ African American or Black (N		-	
A person having origins in any	-	- ·	
☐ Hispanic or Latino:			
-	uerto Rican, South or Ce	ntral American, or other Spanish culture or origin re	gardless of race.
☐ Asian: (Not Hispanic or Latino):	•	-
	0 1 1	the Far East, Southeast Asia, or the Indian Subcontisia, Pakistan, the Philippine Islands, Thailand, and V	
☐ Native Hawaiian or Other Pac	cific Islander (Not Hispa	nic or Latino):	
A person having origins in any	of the peoples of Hawaii,	Guam, Samoa, or other Pacific Islands.	
□ American Indian or Alaska N	ative: (Not Hispanic or L	atino):	
A persons having origins in any	of the original peoples o	of North and South America and who maintain identi	fiable
tribal affiliations or community	attachment.		
☐ Two or More Races (Not Hisp	oanic 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.

All persons who identify with more than one of the above five races. (Excluding Hispanic or Latino).

*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