



QUALITY HARDWOODS, INC

APPLICATION FOR EMPLOYMENT

CAREFUL AND THOUGHTFUL COMPLETION OF THE APPLICATION IS AN IMPORTANT STEP IN OUR CONSIDERATION OF INDIVIDUALS FOR EMPLOYMENT. PLEASE COMPLETE THE ENTIRE APPLICATION. PRINT IN INK. ASK FOR AN EXTRA PIECE OF PAPER IF YOU NEED TO CLARIFY ANY RESPONSES. YOUR APPLICATION MUST ALSO SPECIFY THE POSITION FOR WHICH YOU ARE APPLYING. STATING THAT YOU WILL DO "ANYTHING" IS INDEFINITE AND MAY RESULT IN YOUR APPLICATION NOT BEING ACCEPTED BY THE EMPLOYER. YOUR APPLICATION WILL BE CONSIDERED ACTIVE FOR SIXTY (60) DAYS.

DATE: _____

NAME: _____
(LAST) (FIRST) (MIDDLE)

CURRENT ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

LENGTH OF TIME AT THIS ADDRESS: _____

PREVIOUS ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

LENGTH OF TIME AT THIS ADDRESS: _____

TELEPHONE: _____

DRIVERS LICENSE NUMBER: _____

Job(s) applied for: 1. _____ Rate of pay expected \$ _____ per _____

2. _____ Rate of pay expected \$ _____ per _____

Do you want work: Full-time _____ Part-time _____ If applying only for part-time, what days and hours?

Have you ever applied for work with us before? Yes _____ No _____. If yes, when? _____

List anyone you know who works for us: _____

Do you have any skills, qualifications or experiences which you feel would especially fit you for work with us? _____

U.S. Armed Forces Service? Yes _____ No _____. From _____ to _____

Branch of Service: _____ Duties: _____

Rank or rating at time of enlistment: _____

Rating at time of discharge: _____

Were you dishonorably discharged? Yes _____ No _____. If yes, explain: _____

Are you 18 years of age or older? Yes _____ No _____

Are you authorized to work in the United States? Yes _____ No _____

If hired, when can you start? _____

EDUCATION

| SCHOOL | NUMBER OF YEARS ATTENDED | NAME OF SCHOOL | CITY/STATE | COURSE OF STUDY | GRADUATION DATE |
|---------|--------------------------|----------------|------------|-----------------|-----------------|
| Grammar | | | | | |
| High | | | | | |
| College | | | | | |
| Other | | | | | |

PRIOR WORK EXPERIENCE

(Please list your most recent employment first, use additional space below if necessary to list all prior employers.)

| NAME AND ADDRESS OF EMPLOYER | DATES OF EMPLOYMENT | | POSITION HELD | STARTING | FINAL | REASON FOR LEAVING |
|---------------------------------|---------------------|----|---------------|----------|-------|-----------------------|
| | FROM | TO | | PAY | PAY | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |

REFERENCES

| NAME | ADDRESS AND PHONE NO | OCCUPATION |
|------|----------------------|------------|
| | | |
| | | |
| | | |
| | | |

APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY:

1. Certification of Truthfulness.

I certify that all statements on this Application for Employment are made truthfully and without evasion, and further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being employed, or if employed may result in my dismissal.

2. Authorization for Employment/Educational Information.

I authorize the references listed in the Application for Employment and any prior employer, educational institution, or any other persons or organizations to give this Company any and all information concerning my previous employment/educational accomplishments, disciplinary information or any other pertinent information they may have. I understand that such information may contain my social security number. I release all parties from all liability for any damage that may result from furnishing that information to this Company. In addition, I hereby waive written notice that employment information is being provided by any person or organization.

3. Employment at Will.

If I am hired, in consideration of my employment, I agree to abide by the rules and policies of the Company, including any change made from time to time, and agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no manager or other representative of the Company, other than the Personnel Director, has any authority to enter into any agreement for employment for any specific or indefinite period of time, or to make any agreement contrary to the foregoing. Any such agreement made by the Personnel Director must be made in writing to be effective.

4. Authorization to Work.

If I am selected for hire, I will be offered employment provided I verify that I am authorized to work as requested by the Immigration Reform and Control Act of 1986.

5. Criminal Records Check.

I agree to execute an authorization for this employer to secure criminal conviction history from the appropriate law enforcement agency, should the Company determine it is necessary to do so.

6. Physical Exam and Drug and Alcohol Testing.

I understand that any offer of employment made by Quality Hardwoods is conditional upon my submission to a drug test. If I refuse to consent to or cooperate in the conduct of such a test, or if I test positive for a controlled substance, I understand that Quality Hardwoods may rescind any job offer or terminate my employment.

I agree to submit to physical examinations permitted by law before and during my employment, at the request and expense of the Company, and I agree to disclose all information lawfully requested at such examinations about my physical and mental condition and medical history. I also agree that before and during my employment, at the request and expense of Quality Hardwoods, I will cooperate in such lawful medical test (including blood, urine or other testing) as the Company requests to check for drugs or alcohol in my system. I waive any claims against Quality Hardwoods or its agents or any agency retained by Quality Hardwoods or its agents relating to any such testing, or from decisions made regarding my employment or termination of employment based upon the results of such testing or analysis.

7. Protected Disability.

I also understand that if I have a protected disability that affects my ability to do the job I seek, I may ask the Company to attempt to make a reasonable accommodation for it. I must make my request in writing to the personnel department as soon as possible after the date I know that accommodation is needed.

8. Driving Records Check.

If applying for a position that requires driving a company vehicle, I authorize the Company and its agents the authority to make investigations and inquiries of my driving record.

9. Consideration of Employment.

I understand that my application will be considered pursuant to the Company's normal procedures for a period of sixty (60) days. If I am still interested in employment thereafter, I must reapply.

I have read and understand items one through thirteen above, and acknowledge that with my signature below.

Dated: _____

Applicant's Signature