

www.hawkinslumber.com

3333 US Highway 70-West Marion, North Carolina 28752

Phone (828) 724-4166 Fax (828) 724-4169 info@hawkinslumber.com

Date Signed:

Application for Employment

Please complete all items fully, sign where indicated, and return to Hawkins Lumber Co. along with a copy of your valid Driver's License.

Full Legal Name:			
Date of Birth (MM/DD/YYYY):	Position You Are Applyi	Position You Are Applying For:	
Current Physical Address:			
Mailing Address (if different from above):			
Phone Number(s):	Driver's License #		
	Issuing State:		
Please list any violations or other charges currently on your driving recor	d:		
Education History:			
(School or Institution)	(Years Attended)	(Diploma, Degree or Certification Obtained)	
Employment History:			
(Employer)	(Years Employed)	(Position / Job Description)	
Personal References: Please do not use immediate family members as references, unless	s the person is also vour emp	olover.	
(Reference Name)	(Contact Phone Number)	•	
	,		
Please list any past criminal convictions:			
I have provided the above information to the best of my knowledge. I an insurance carrier and I hereby give my express permission for my driving			
contacted, with the understanding that any information gathered will be uposition. I am further aware that random drug testing may be required as	ised solely for the purpose of ev	aluating my fitness as an applicant for the above job	

Applicant's Signature: