

**FOSTER BROTHERS WOOD PRODUCTS, INC.**  
**P.O. BOX 249**  
**AUXVASSE, MO 65231**  
**573-386-2271 PHONE**  
**573-386-2311 FAX**

**APPLICATION FOR EMPLOYMENT**

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age, with respect to individual over the age of 40 and on the basis of any mental or physical handicap.

**PLEASE PRINT**

FULL LEGAL NAME \_\_\_\_\_ DATE \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

PHONE \_\_\_\_\_ ALTERNATE PHONE NO. \_\_\_\_\_  
(Area Code) (Area Code)

SOCIAL SECURITY NO. \_\_\_\_\_

**ANSWER EVERY QUESTION TO THE BEST OF YOUR ABILITY**

Position for which you are applying \_\_\_\_\_

Date available for work \_\_\_\_\_ Salary desired \_\_\_\_\_

Are you capable of physically performing the essential functions of the job. Please indicate NO \_\_ Yes \_\_

Have you been previously employed with this company? \_\_\_\_\_ Dates \_\_\_\_\_

List relatives working for our company \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_ Of what union are you a member? \_\_\_\_\_

Have you ever been discharged or forced to resign from any position?  
\_\_\_\_\_

Have you ever been convicted of any offense other than to traffic violation?  
\_\_\_\_\_

Do you smoke? \_\_\_\_\_ Are you legally eligible for employment in the United States?  
\_\_\_\_\_

Do you possess office Skills such as Typing? \_\_\_\_\_ Wpm \_\_\_\_\_ Shorthand? \_\_\_\_\_ 10-Key by  
touch \_\_\_\_\_  
Keypunch? \_\_\_\_\_ Type of equipment \_\_\_\_\_ Other \_\_\_\_\_

Do you possess trade skills such as: Diesel Mechanic? \_\_\_\_\_ Welder? \_\_\_\_\_  
Refrigeration? \_\_\_\_\_ Chauffeur License No. \_\_\_\_\_ Other \_\_\_\_\_

Have you ever served in the United States Armed Forces? \_\_\_\_\_ Branch \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_ Duties & Skills \_\_\_\_\_

Are you currently a member of any active or reserve duty military group? \_\_\_\_\_

**EDUCATION**

Name	Address	Years Attended	Subject	Diploma/Degree
High School				
College				
Other				

**EMPLOYMENT**

**LIST ALL PAST EMPLOYMENT, STATING THE REASON FOR ANY PERIODS OF UNEMPLOYMENT. BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT.**

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Company	Phone	(Area code)	(Number)
Address			
(Street)	(City)	(State)	(MO)
Type of Business	Position held		
Starting salary	Ending salary		
Employed	to	Describe duties	

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Reason for leaving \_\_\_\_\_

May we contact this employer? \_\_\_\_\_ Supervisor \_\_\_\_\_

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**APPLICATION STATEMENT**

THIS APPLICATION STATEMENT SHALL CONSTITUTE A PART OF ANY EMPLOYMENT APPLICATION I MAY SUBMIT TO THE COMPANY. I UNDERSTAND THAT I WILL BE SUBJECT TO DISMISSAL IF ANYTHING IN THE APPLICATIONS IS FOUND TO BE FALSE IN ANY PARTICULAR.

I understand that nothing contained in the employment application or in the granting of any interview is intended to create an employment contract between the Company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me. I understand that if I am employed by the Company, my employment will be for no fixed term, and that the Company without prior notice may terminate me at any time for any reason. This understanding cannot be changed except in writing by an authorized Company official. The Company's rights set forth shall not be modified or limited by any oral representation, or by any written provision contained in any Company literature, newspaper or other advertisement, policy manual; or employment manual.

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(DATE)

(SIGNATURE OF APPLICANT)