

**PLEASE READ**

***The A.C. Houston Lumber Company requires all applicants to take a drug and alcohol test.***

***You will be eligible for hire after you have passed this test.***

**POR FAVOR LEA LO SIGUENTE**

***La Compañía A.C. Houston Lumber requiere que todo solicitante se haga unos analisis para detectar droga y alcohol.***

***Después de pasar el exámen de droga y alcohol sera elegible para trabajo***



**A.C. HOUSTON**  
**LUMBER COMPANY**  
*"Lumbermen Since 1884"*

APPLICATION FOR EMPLOYMENT

Date of Application \_\_\_\_\_

Position Applied For \_\_\_\_\_ Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Social Security No. \_\_\_\_\_ Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

How Many Years at Present Address? \_\_\_\_\_ Phone \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

**Addresses for the past three years**

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_ How Long? \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_ How Long? \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_ How Long? \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_ Date of Birth? \_\_\_\_\_  
(Required for truck drivers)

Can you provide proof of age? \_\_\_\_\_ Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Are you now employed? \_\_\_\_\_

If not, how long since leaving last employment? \_\_\_\_\_ Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? \_\_\_\_\_

Do you have any relatives working for The A.C. Houston Lumber Company?  Yes  No

If yes, Name: \_\_\_\_\_ Department: \_\_\_\_\_ Relationship: \_\_\_\_\_

*Note: A.C. Houston Lumber prohibits the employment of relatives under specific circumstances.*

Have you ever been convicted of a crime other than juvenile offenses or traffic tickets?  Yes  No If yes, please provide the following:

Nature of Conviction: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

*Note: Conviction of a crime is not necessarily a bar to employment. Each case is considered individually on the basis of the nature of the job applied for.*

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**Work History**

Employer Name		From	To	Job Title
Address		Mo.	Yr.	Duties
City	State Zip	Salary	Salary	Reason For Leaving:
Contact Person	Phone Number			
Employer Name		From	To	Job Title
Address		Mo.	Yr.	Duties
City	State Zip	Salary	Salary	Reason For Leaving:
Contact Person	Phone Number			
Employer Name		From	To	Job Title
Address		Mo.	Yr.	Duties
City	State Zip	Salary	Salary	Reason For Leaving:
Contact Person	Phone Number			

**Accident Record For Past 3 Years or More**  
 (Attach Sheet If More Space Is Needed) If None, Write, None.

Dates	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries

**Traffic Convictions and Forfeitures For The Past 3 Years**  
 (Other Than Parking Violations) If None, Write None.

Location	Date	Charge	Penalty

Employer Name		From		To	Job Title
Address		Mo.	Yr.		Duties
City	State Zip	Salary		Salary	Reason For Leaving:
Contact Person	Phone Number				
Employer Name		From		To	Job Title
Address		Mo.	Yr.		Duties
City	State Zip	Salary		Salary	Reason For Leaving:
Contact Person	Phone Number				
Employer Name		From		To	Job Title
Address		Mo.	Yr.		Duties
City	State Zip	Salary		Salary	Reason For Leaving:
Contact Person	Phone Number				

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

Note: Drivers applying to drive Commercial Motor Vehicles with a Gross Vehicle Weight of under 26,001 LBS. shall provide information on all employers during preceding 3 years. Applicants to drive a Commercial Motor Vehicle of over 26,001 lbs. shall provide ten years' information on those employers for whom the applicant operated such vehicles. Use the back of this form.

**This Section is required for Commercial Motor Vehicle Drivers who are applying to operate a Motor Vehicle over 26,001 pounds.**  
Please provide 10 years of previous employment history.

Employer Name		From		To	Job Title
Address		Mo.	Yr.		Duties
City	State Zip	Salary		Salary	Reason For Leaving:
Contact Person	Phone Number				
Employer Name		From		To	Job Title
Address		Mo.	Yr.		Duties
City	State Zip	Salary		Salary	Reason For Leaving:
Contact Person	Phone Number				
Employer Name		From		To	Job Title
Address		Mo.	Yr.		Duties
City	State Zip	Salary		Salary	Reason For Leaving:
Contact Person	Phone Number				

**Affirmative Action Survey**

Please note: This data is for periodic government reporting and will be kept in a confidential file separate from the application for employment.

**Please Complete Applicant Data Record**

Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Affirmative Action Survey.

Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Date \_\_\_\_\_

Last First Middle

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Number Street

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applications. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check One:

Male  Female

Check one of the following:

Race/Ethnic Group:  White (Not Hispanic or Latino)  Black or African American  Hispanic or Latino  
 American Indian or Alaska Native  Asian  Two or More Races  Native Hawaiian or Other Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran  Disabled Veteran  Handicapped Individual