

NOTICE TO APPLICANTS AND EMPLOYEES
Screening tests for alcohol and illegal drug use may be required before hiring and during your employment here.



10 Kimberly Acres Dr. • Jackson, SC 29831
Tel. 803.827.1807 • Fax 803.302.1126
www.bitimber.com

IF IT'S WOOD, IT'S OUR BUSINESS!

Position(s) applied for _____ Date of application ____/____/____

Name _____ Social Security # _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # (____) _____ Mobile # (____) _____ Email _____

Birthdate ____/____/____

Emergency Contact Name: _____ **Relationship:** _____

Address _____

Telephone # (____) _____ **Mobile #** (____) _____ **Email** _____

Have you ever been employed here before? Yes No

If **yes**, give dates and positions _____

Are you legally eligible for employment in this country? Yes No

Date available for work ____/____/____ What is your desired salary range? \$ _____

Type of employment desired Full-Time Part-Time Temporary Seasonal

Driver's License number if driving may be required in position for which you are applying _____ State _____

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details in the space provided below:

**APPLICANT STATEMENT
TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (General inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Date

Applicant Signature