



APPLICATION FOR EMPLOYMENT

dba Tum-A-Lum Lumber, Marson and Marson Lumber, Browne's Home Center, Gerretsen Building Supply, and Lake Chelan Building Supply.

Applicants receive consideration for employment without discrimination based on sex, race, color, creed, national origin, age, disability, marital status, or any other protected class.

APPLICANT INFORMATION			
NAME LAST FIRST MI		PHONE #	TODAY'S DATE
MAILING ADDRESS CITY STATE ZIP			
EMAIL ADDRESS			
POSITION(S) YOU ARE APPLYING FOR (THE POSITION FOR WHICH YOU ARE APPLYING FOR MAY REQUIRE DRUG TESTING AND A CRIMINAL BACKGROUND CHECK)			
ARE YOU AVAILABLE TO WORK: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> OVERTIME		AVAILABLE FOR WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WILLINGNESS TO RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		ABILITY TO TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL NAME	HIGH SCHOOL LOCATION	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
YEARS OF COLLEGE	SUBJECTS STUDIED	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
LIST ANY OTHER EDUCATION, TRAINING, SKILLS, EXPERIENCE, LICENSES, AND CERTIFICATIONS THAT YOU HAVE WHICH YOU FEEL WOULD BE USEFUL IN EMPLOYMENT AT TAL HOLDINGS LLC:			
IF NECESSARY FOR THE POSITION, ARE YOU ABLE TO PROVIDE A COPY OF A VALID DRIVERS LICENSE AND PROOF OF INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THIS JOB WITH OR WITHOUT A REASONABLE ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU AUTHORIZED TO WORK LEGALLY IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU APPLIED FOR WORK WITH TAL HOLDINGS LLC BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, WHEN AND WHERE?			

LIST LAST FOUR EMPLOYERS STARTING WITH CURRENT OR LAST ONE FIRST

NAME OF CURRENT OR LAST EMPLOYER	COMPANY PHONE #	SUPERVISOR'S NAME	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
STREET ADDRESS			
CITY		STATE	ZIP
DATES OF EMPLOYMENT (MO/YR) FROM _____ TO _____		REASON FOR LEAVING?	

NAME OF CURRENT OR LAST EMPLOYER	COMPANY PHONE #	SUPERVISOR'S NAME	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
STREET ADDRESS			
CITY		STATE	ZIP
DATES OF EMPLOYMENT (MO/YR) FROM _____ TO _____		REASON FOR LEAVING?	

NAME OF CURRENT OR LAST EMPLOYER	COMPANY PHONE #	SUPERVISOR'S NAME	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
STREET ADDRESS			
CITY		STATE	ZIP
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NAME OF CURRENT OR LAST EMPLOYER	COMPANY PHONE #	SUPERVISOR'S NAME	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
STREET ADDRESS			
CITY		STATE	ZIP
DATES OF EMPLOYMENT (MO/YR) FROM _____ TO _____		REASON FOR LEAVING?	

I CERTIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENT OR OMISSION OF FACT MAY RESULT IN DISMISSAL SHOULD EMPLOYMENT BE OFFERED. I AUTHORIZE TAL HOLDINGS LLC TO INVESTIGATE AND VERIFY ANY OF THE INFORMATION I HAVE SUBMITTED IN APPLYING FOR EMPLOYMENT. I UNDERSTAND THAT EMPLOYMENT, IF OFFERED, WILL BE AT WILL OF THE EMPLOYER AND MYSELF AND MAY BE TERMINATED AT ANY TIME FOR ANY REASON BY EITHER PARTY.

SIGNATURE OF APPLICANT

DATE