

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

LOCATION

GENERAL INFORMATION

Last Name		First Name		Initial	Social Security No.
Address		City	State	Zip	Telephone No.
How did you learn about us?					
Advertisement	Friend	Walk-In			
Employment Agency	Relative	Other			
Are you 18 years or older?		Yes	No		
Have you ever been employed at Hines before?		Yes	No		
If yes, give dates of employment.					
Why did you leave Hines?					
Names of Relative or Friends employed or formerly employed at Hines.					
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?				Yes	No
<i>Proof of citizenship or immigration status will be required upon employment.</i>					
Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied?					
Yes No. If yes, please explain:					
Have you been convicted of a felony?		Yes	No		
If yes, please furnish details: You need not disclose any sealed or expunged records of convictions or arrest. <i>Conviction will not necessarily disqualify an applicant from employment.</i>					
Position desired or area of interest:			Second Choice:		
Have you ever applied at Hines before?		Yes	No	Date available:	Salary expected:
If yes, give date and position applied for.					
TYPES OF EMPLOYMENT YOU ARE SEEKING.					
Full Time Part Time Summer					
If part time, list day(s) and hour(s) available:					
Transportation used to get to work?			Are you willing to work overtime as necessary?		Yes No

EDUCATION

EDUCATION	NAME AND ADDRESS OF SCHOOL	COURSE OR COURSE MAJOR	CIRCLE HIGHEST GRADE COMPLETED	DEGREE AND/OR DIPLOMA	
High School			1 2 3 4		
College			1 2 3 4		
Trade/Business					
Other					
Are you taking any educational courses at present?		Yes	No		
If yes, what and where?					
Honors or awards received:		Professional certificates or Licenses held:		Hobbies or special interests:	
Extra-curricular activities as they may related to the job:		Present community and professional affiliations			
		Office held:			
(Exclude affiliations which include race, religion, color or national origin, or disability)					

HINES COMPANY POLICY, FEDERAL AND STATE LAW PROHIBITS DISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE OR DISABILITY.

EMPLOYMENT HISTORY

(Listing Current or Most Recent Employer First)

COMPANY NAME (Current or Last)		POSITION HELD
STREET ADDRESS		DATES OF EMPLOYMENT FROM /TO
CITY & STATE		NAME AND TITLE OF SUPERVISOR
TELEPHONE #	TYPE OF BUSINESS	
REASON FOR LEAVING		BASE RATE OF PAY START /END
DESCRIBE YOUR DUTIES		
IF STILL EMPLOYED, MAY WE CONTACT THIS EMPLOYER? YES NO		

COMPANY NAME		POSITION HELD
STREET ADDRESS		DATES OF EMPLOYMENT FROM /TO
CITY & STATE		NAME AND TITLE OF SUPERVISOR
TELEPHONE #	TYPE OF BUSINESS	
REASON FOR LEAVING		BASE RATE OF PAY START /END
DESCRIBE YOUR DUTIES		

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DESCRIBE YOUR DUTIES		

SUMMARIZE YOUR EXPERIENCE WITH INSPECTION EQUIPMENT AND MACHINERY. LIST ANY ADDITIONAL OR SPECIAL SKILLS.

INDICATE BELOW ALL OFFICE EQUIPMENT YOU ARE FAMILIAR WITH:

TYPING SPEED	SPEEDWRITING OR SHORTHAND? W.P.M.
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MILITARY SERVICE RECORD

Have you ever served in the U.S. Armed Forces? Yes No.

List duties in the Service, including special training that is relevant to the position for which you have applied.

CONDITIONS OF EMPLOYMENT

Please read the following statements carefully before signing this application. Only those applications that are signed and dated are considered valid.

I certify that all answers or statements I have made on this application or on my resume or other supplementary materials are true and correct without omissions. I acknowledge that any false statements or misrepresentations on this application or supplementary materials will be cause for refusal to hire or for immediate dismissal from employment at any time during the period of my employment. I authorize this Company to contact my past employers, except as otherwise indicated, and/or schools and authorize my past employers and/or schools to furnish any information concerning my previous employment and/or education. I release this Company and all persons and organizations from all claims and liabilities of any nature arising from such investigations or the supplying of information for such investigations. In making this application for employment, I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with neighbors, friends or others with whom I am acquainted. This inquiry may include information on my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigative consumer report. I also understand that in accordance with applicable State and Federal Law, at some future date it may be required that I voluntarily submit to a polygraph (lie detector) examination.

I have no objection to making application for a fidelity bond or security clearance, signing an employee agreement relating to confidential information and inventions or taking drug or alcohol tests at any time at the option and expense of the Company. If required to, I will take and pass a physical examination, at Company expense, after employment. If hired, I will be required to submit proof of U.S. citizenship or proof that I am a lawfully authorized alien worker. I understand that my employment is for no definite period of time and may be terminated at any time by the Company or by me, with or without cause or notice and that no representative of the Company, other than the president, has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing. Any such agreement made by the president must be in writing and signed by the president. I agree to conform to the rules and regulations of the Company. I have read and understand the foregoing statements and accept the same as conditions of employment.

Please note this application is considered current for 30 days. If you want to be considered for employment after this time, you must renew your application by completing another application form.

Signature of applicant: _____ Date: _____

In case of emergency, notify:

Name & Relationship

Address:

Telephone:

For Office Use Only

_____ Hire Date Clock # Dept. # Hourly Wage

Comments:

**NOTIFICATION AND AUTHORIZATION TO OBTAIN
CONSUMER REPORTS AND INVESTIGATIVE CONSUMER REPORTS**

TO: ALL APPLICANTS FOR EMPLOYMENT

This is to notify you, pursuant to the Fair Credit Reporting Act, 15 U.S.C. Section 1681 *et seq.*, that in connection with your application for employment and at any time during your employment, Edward Hines Lumber Company (the "Company") may request a consumer report about you for employment purposes from a third-party consumer reporting agency. The report may include information about your credit standing, character, general reputation, personal characteristics, mode of living, and any criminal history record you may have. You will not be charged for costs the Company incurs in obtaining these reports.

Your employment is contingent upon your signing this document acknowledging your receipt of the disclosures above and your authorization to obtain such reports, and upon the Company's determination that the information contained in such reports is satisfactory. **Nothing in this document constitutes a guarantee of continued employment or restricts the Company's right to terminate your employment at any time for any reason not prohibited by law.**

A copy of this Notification and Authorization will be kept in your personnel record. You should keep a copy for your records.

By signing below, you authorize the Company to obtain consumer reports about you for employment purposes from any consumer reporting agency. You further release the Company and its agents from all liability or claims of any kind that you may have arising from any consumer report obtained or requested by the Company, any information in such report, and any investigations from which such information is compiled. You also release all persons or entities from all liability or claims that you may have arising from the furnishing on any information in any consumer report. You also agree that you have received "A Summary of your Rights Under the Fair Credit Reporting Act dated December 13, 2005".

Name (please print): _____

Signature: _____

Date: _____