



Blue Ridge Lumber

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 128 Harvest Lane, POCONO SUMMIT, PA 18346 • (570) 839-7126
 www.blueridgelumber.com

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> BRL Employee _____
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative _____	<input type="checkbox"/> Walk-In
		<input type="checkbox"/> Other _____
Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time

Are you currently on "lay-off" status and subject to recall? Yes No

Have you been convicted of a felony within the last 7 years?
Conviction will not necessarily disqualify an applicant from employment. Yes No

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.	Present Employer		Length of Service		Work Performed
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
2.	Employer		Length of Service		Work Performed
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
3.	Employer		Length of Service		Work Performed
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					

DRIVING RECORD

(Have applicant complete this portion if position requires driving)

Type of driver's license you hold: Operator Commercial Operator CDL

State issued by _____

Expiration date _____

Driver's License No. _____

How many years have you been driving? _____

If your driver's license has been revoked or suspended in the last 10 years please explain why. _____

Explain any restrictions on your license _____

List any recent moving traffic violations or accidents (past 3 years)

Month/Year

Description of violation or accident

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Education

School Name and Location	Elementary School					High School				College/University			
	4	5	6	7	8	9	10	11	12	1	2	3	4
Years Completed													
Diploma/Degree													
Year of Graduation													
Describe Course of Study													
Describe any specialized training, apprenticeship, skills and extra-curricular activities													
Describe any honors you have received													
State any additional information you feel may be helpful to us in considering your application													

RIGHT TO WORK DOCUMENTS

To assist us in complying with the Immigration Reform and Control Act of 1986, please, CIRCLE all of the following documents which you have proving your right to work in the United States:

U.S. Passport

U.S. Birth Certificate

Certificate of Naturalization

Social Security Card

Certificate of U.S. Citizenship

Driver's License

Other picture identification

Other documents (list)

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

PERSONAL REFERENCES

List the names of two persons not related to you, whom you have known for at least one year.

	NAME	ADDRESS	PHONE NO.	BUSINESS	YEARS KNOWN
1.	_____				
2.	_____				

WERE YOU EVER INJURED? _____ GIVE DETAILS _____

IN CASE OF EMERGENCY NOTIFY: _____
Name Address Phone #

Have you ever had any job-related training in the United States military? Yes No

If Yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I authorize a full background check which may include, driving history, criminal, credit and financial check as well as drug testing.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

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 employer.

I agree that any claim or lawsuit relating to my service with Blue Ridge Lumber Co must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitation to the contrary.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER DATE

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____

NAME AND TITLE

DATE

NOTES
