

11513 State Route 32 Greenville, NY (518)'966-5333 5477 Route 23 Windham, NY (518)'734-3760 898 New Loudon Road Latham, NY (518) 313-1229

### www.gnhlumber.com

The Company is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law.

### THE COMPANY IS AN <u>AT-WILL</u> EMPLOYER, MEANING THAT EITHER THE EMPLOYER OR EMPLOYEE CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

Position Applied For:D			Date of Application:		
Date You Can Start:		PI	Please note that this application will only remain active for six months, after which the applicant will need to reapply.		
Name:					
Last	First	Middle			
Present Address:					
1722 - 1	Street	City	State	Zip	
Permanent Address:					
	Street	City	State	Zip	
Telephone #: Home (_	)	Work ()			
Are you 18 years or old	der? □Yes □No				
Are there any hours or If so, when?		cannot work?	□ No		
Salary Desired					
Type of Employment:	□ Full-time □ Pa	art-time			
Are your employed no May we contact	w?	er?			
Did you ever apply to	this Company before?	□ Yes □ No	Where?		
Under what nar	me?	Whe	n?		



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	NAME	AND ADDRESS OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT/ MAJOR
Elementary School					
High School					
College					
Specialized Training					
offender disquali	r adjudica ify you fro	nes not pertain to convictions tions under New York law. In being considered as a can tion, date and place where off	An affirmative re didate for emplo	esponse will not syment.}.	
Please provide quipment of	de any ad	ditional information such as sor qualifications you feel wil	pecial skills, tra	ining, managen	nent experier your applica
equipment o	de any ad peration,	ditional information such as s	pecial skills, tra be helpful to us	ining, managen s in considering	your applica
equipment o	de any adoperation,	ditional information such as s or qualifications you feel wil	pecial skills, tra be helpful to us	ining, managents in considering You Have Know	your applica
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**CURRENT AND FORMER EMPLOYERS:** (Most Recent One First)

DATE MONTH/ YEAR	NAME, ADDRESS & TELEPHONE NO. OF EMPLOYER	SALARY: STARTIN G/ENDING	LAST POSITION HELD/ RESPONSIBILITIES	REASON FOR LEAVING
From:	anton sin gangran) 487 antonio	Degrand of Dan Wilde Jo		moreta a nett re Lydr Incobert versi
	resignes i accione	or sign	from Superfront group, Alle	Perry Minor
То:				10000
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From:		Charles Services		ani alam
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То:	espectives a making prophers in a productive	gotto men Lipid yoʻlugʻi		sable informs offer day i set in set for
From:	100000000000000000000000000000000000000			
То:				
From:				
То:				.: 9.30*
From:				
То:		200		ond revolution



Starting Date:

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#### Please read the following statement carefully before signing to indicate your understanding:

I understand that if I receive a conditional job offer, and prior to beginning employment, I may be requested to undergo a pre-employment medical examination. If I have an impairment that will affect my ability to take the test, I will so inform the Company prior to the administration of the test so that a reasonable accommodation may be arranged. The Company reserves the right to require medical documentation regarding the need for accommodation.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application may result in termination.

I understand and agree that, if hired, my employment is AT-WILL. THIS MEANS THAT, IF HIRED, EITHER THE COMPANY OR I CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

I authorize investigation of all statements contained in this application for any employmentrelated purpose. I release the listed references and all employers to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you, including but not limited to any defamation claims I may now have or will have against them.

Date	Signature			
*THE CO	OMPANY IS AN A	T-WILL, EQUAL OPPO	ORTUNITY EMPLOY	YER*
For Employer U	Jse Only			
Interviewed By:_		Date:	Hired: Y	es 🗆 No

\*THE COMPANY IS AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER\*

Position: