



We appreciate your interest in applying for employment with the Millard Lumber Inc. We believe every individual should be treated fairly, equitably and with dignity. All qualified applicants will receive consideration for employment without regard to race, color, religion, gender, sexual orientation, national origin, age, protected veteran status, ancestry, marital status, pregnancy, medical condition, or status as a disabled individual. Please note that passing a pre-employment drug screening is a condition of employment with the Company and that you MUST sign this Application to be considered for Employment.

Application for Employment

Personal Information	First, Middle and Last Name		Date		
	Present Address				
	City, State, Zip Code				
	E-mail Address		Home Phone Number	()	
		Alternate Phone Number	()		

Objectives	Employment Preference			
	Position Desired		Earnings Desired	
	Location Desired		Are you available to travel?	[] Yes [] No
			Are you willing to relocate?	[] Yes [] No
	Date Available to Work			

Education, Training and Special Skills	Type of School	Name and Location	Did you graduate?	Major/Minor	
	High School		[] Yes [] No		
	GED or HS Equivalency		[] Yes [] No		
	College or University		[] Yes [] No		
	Graduate School		[] Yes [] No		
	Trade School or Junior College		[] Yes [] No		
	Other		[] Yes [] No		
	Professional License or Certification				
	Software, Equipment, Seminars or Classes				



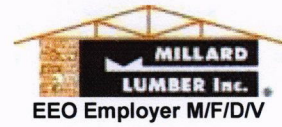
Military Service	Dates of Service:	Branch/Unit:
	Starting Rank:	Rank at Discharge:
	Active [] Reserve []	
	Summarize any training or special skills acquired which would be related to the position applied for:	
Citations and Awards:		

List employment history, starting with most recent employment.			
Employer		Phone Number	()
Address (including city, state and zip code)		Fax Number	()
		Start Date (month/year)	
Title or Position		End Date (month/year)	
Supervisor Name and Phone Number		Starting Salary	
		Ending Salary	
May we contact this employer? [] Yes [] No		Last Bonus or Incentive	
Duties and Responsibilities:			
What did you like most about your position?			
What did you least like about your position?			
Reason for Leaving			



Employer		Phone Number	()
Address (including city, state and zip code)		Fax Number	()
		Start Date (month/year)	
Title or Position		End Date (month/year)	
Supervisor Name and Phone Number		Starting Salary	
		Ending Salary	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last Bonus or Incentive	
Duties and Responsibilities:			
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May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last Bonus or Incentive	
Duties and Responsibilities:			
What did you like most about your position?			
What did you least like about your position?			
Reason for Leaving			



Please list **professional** references; do not include family members or people who live with you.

Name	Relationship	Phone Number	Occupation	Years Acquainted

Can you submit verification of either your citizenship or your legal right to work in the United States?	[] Yes [] No
Are you 18 years of age or older and can you submit verification if requested?	[] Yes [] No
Have you submitted an application for Millard Lumber Inc. before? If yes, give date and position(s):	[] Yes [] No
What shift(s) are you available to	__ Day __ Afternoon __ Evening
Are you seeking Full-time or Part-time work?	[] FT [] PT
Are you able to work overtime?	[] Yes [] No
Have you ever worked for Millard Lumber Inc. company*? If yes, when/where? (*Other Millard Lumber Inc. companies include: Spring Hill, Kansas and Waverly, NE)	[] Yes [] No
Are any relatives currently employed with Millard Lumber Inc. company? If yes, give full name:	[] Yes [] No
Are you able to perform the essential functions of the job you are applying for with or without reasonable accommodation, if needed?	[] Yes [] No



Please explain fully any gaps in your employment history and/or periods of time when you were not employed. Please provide dates and details:

Have you ever been terminated or asked to resign from any job? Yes [] No []
If yes, please explain:

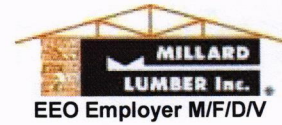
How did you hear about the position and the company?

Advertisement? [] If so, where?

Recruiter? [] If so, who?

Current Millard Lumber Inc. Employee? [] If so, who?

Walk in []



Important – Please read carefully and sign.

I certify that the information contained in this application is true and complete to the best of my knowledge. Any misrepresentation or omissions of any fact in this Application or that I have otherwise provided during the application and hiring process can be justification for the Company's refusal of employment or, if employed, grounds for my termination.

I understand that the Company will investigate thoroughly my entire work and personal history and may verify all data I have provided in this Application, related papers, or oral interview. I specifically authorize any of the persons or organizations referenced in this Application to give the Company any and all relevant information they may have, personal or otherwise, with regard to any subjects not covered by this Application and release all such parties from liability for any damage that may result from furnishing such information to the Company. I understand that this inquiry includes information as to my character, general reputation and personal characteristics. I authorize the Company to request and receive such information.

The Fair Credit Reporting Act, Public Law 91-508, requires that the Company notify you that as part of its employment procedure the Company may investigate your previous employment, credit record and driver's license record. I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

If I am offered employment, with such offer conditioned upon the successful completion of a drug screen and/or physical examination, I agree to undergo said drug screen and/or physical examination to determine if I meet the standards required of the position applied for. In addition, I expressly authorize any physician, hospital or other institution to release any medical records of information with respect to my physical status, either concurrent with or subsequent to, my employment with the Company, in the event such medical records or information are related to any claim made against the Company. I understand that should I decline to sign this consent or decline to take any of the above tests, the Company may reject my Application or terminate my employment.

I understand that if hired, the Company is an employer at-will and my employment may be terminated with or without cause or notice, at any time, at the option of either the Company or myself. I further understand that if an offer of employment is made; such offer may be withdrawn, with or without prior notice, at any time, at the option of either the Company or me. In addition, if I am employed, I understand that the Company can change wages, benefits, rules, regulations and the conditions of my employment at any time without prior notice to me.

If hired, I agree to comply with all rules, policies, procedures and regulations of the Company.

I acknowledge that I have been advised that this Application will remain active for no more than 90 days from the date it was submitted.

Signature

Date



Applicant Self- Identification Form

Please complete this Applicant Self Identification form. It will supply us with information we need for federal reporting obligations. Please be advised that this information will be used and kept confidential, in accordance with applicable laws and regulations. This information will not be used as the basis for any adverse employment decision.

Name _____
Last First Middle

We are subject to certain government recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to voluntarily self-identify your race or ethnicity. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information obtained will be kept confidential and separate from personnel files. It may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those requiring information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Please check the Identification Group that best applies to you:

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

- OR -

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.

Gender: Male Female

Signature _____

Date _____