



Application for Employment Mendo Mill & Lumber Company

We comply with the ADA and consider reasonable accommodation measures that may be necessary
for eligible applicants/employees to perform essential functions.
WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Hiring is subject to passing a drug test.

Your Contact Information

First Name	<input type="text"/>	Middle	<input type="text"/>
Last Name	<input type="text"/>		
Mailing Address	<input type="text"/>	City, Zip	<input type="text"/>
E-mail Address	<input type="text"/>		
Home Phone	<input type="text"/>	Cell Phone	<input type="text"/>

Type of work for which
you wish to be
considered?

Choose store location: ☐ Ukiah ☐ Willits ☐ Fort Bragg
☐ Lakeport ☐ Clearlake

What source led you to
submit an application
with us?

I certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind. I agree that the Company shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment termination. I understand that a medical examination based on the requirements of the position for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical. I also voluntarily and knowingly authorize the companies, schools or persons named above to give any information requested regarding my former employment, character and qualifications. I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies, schools or persons from any and all liability for any damages for issuing this information, except for the malicious and willful discourse of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment, which the party disclosing such facts knows to be untrue. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or myself.

Signature Date

Employment History

Please list your complete employment history. List present or most recent employer first. Use an additional page, if necessary.

Employer

Start Date (mo./yr.)

End Date (mo./yr.)

Type of work performed

Reason for leaving

Rson for leaving

Address/City

Name of Supervisor

Employer

Start Date (mo./yr.)

End Date (mo./yr.)

Type of work performed

Reason for leaving

Reason for leavin

Address/City

Name of Supervisor

Employer

Start Date (mo./yr.)

End Date (mo./yr.)

Type of work performed

Reason for leaving

Reason for leaving

Address/City

Name of Supervisor

Education

High School (last year completed)	9th	10th	11th	12th		
Diploma	Yes	No		GED	Yes	No

Name/Location

Additional Education

Personal Information

Are you at least 18 yrs old?	Yes	(If under 18, hire is subject to verification that you are of minimal legal age)
	No	

If hired, can you present evidence of proof of your legal right to work in this country?	Yes
	No

Are you presently employed?	Yes	If so, may we contact your present employer?	Yes
	No		No

If hired, when would you be available?

What are your salary requirements?

Do you have any specific skills you wish to mention?

References

First Name

Last Name

Occupation

Address

City, State, Zip

Email Address

Phone

First Name

Last Name

Occupation

Address

City, State, Zip

Email Address

Phone

First Name

Last Name

Occupation

Address

City, State, Zip

Email Address

Phone

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.