



Culpepper Lumber Co., Inc.
 816 Augusta Rd. Thomson, GA 30824
 706-595-3512

APPLICATION FOR EMPLOYMENT
 AN EQUAL OPPORTUNITY EMPLOYER

Check out the website:

www.culpepperace.com

NAME - LAST	FIRST	MIDDLE	POSITION DESIRED	SOCIAL SECURITY NUMBER	TODAYS DATE: DATE AVAILABLE:
ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER:	Do you wish to work: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/>
Please indicate hours you are available to work: <u>Monday</u> <u>Tuesday</u> <u>Wednesday</u> _____ _____ <u>Saturday</u> <u>Sunday</u>					

				SKILLS	
NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	THURSDAY MAJOR COURSE(S)	FRIDAY GRADUATED OR DEGREE	<input type="checkbox"/> POS MACHINE	<input type="checkbox"/> ELECTRICAL
HIGH SCHOOL			YES NO	<input type="checkbox"/> KEY CUTTING MACHINE	<input type="checkbox"/> PLUMBING
COLLEGE			LIST DEGREE	<input type="checkbox"/> PAINT MIXING MACHINE	<input type="checkbox"/> BUILDING CONSTRUCTION
GRAD. SCHOOL				<input type="checkbox"/> WORD PROCESSING	<input type="checkbox"/> PERSONAL COMPUTER
OTHER				<input type="checkbox"/> OTHER SKILLS:	

EMPLOYMENT HISTORY

Give Names and Addresses of All Previous Employers. If you are now working, present employer and reason for desire to quit must be included. Additional paper will be provided upon request. Also give reason for any lapse of time between jobs. **MAY WE CONTACT YOUR CURRENT EMPLOYER?:** YES NO

EMPLOYER (Latest First)	DATES EMPLOYED	EARNINGS HISTORY	TITLE AND DUTIES	REASON FOR LEAVING
NAME	FROM	START		
ADDRESS CITY/STATE/ZIP	TO	FINAL		
TELEPHONE	SUPERVISOR			
NAME	FROM	START		
ADDRESS CITY/STATE/ZIP	TO	FINAL		
TELEPHONE	SUPERVISOR			
NAME	FROM	START		
ADDRESS CITY/STATE/ZIP	TO	FINAL		
TELEPHONE	SUPERVISOR			
NAME	FROM	START		
ADDRESS CITY/STATE/ZIP	TO	FINAL		
TELEPHONE	SUPERVISOR			

(Complete Other Side)

