



Milford Lumber & The Muir Showrooms

72 Mont Vernon St.
Milford, NH 03055
603-673-3331

63 So. River Rd.
Bedford, NH 03110
603-668-3383



Employment Application

An Equal Opportunity Employer

Building Partners Everyday™

PERSONAL	Last Name:		First Name:		M.I.:	Date:	
	Mailing Address:					Home Phone:	
	Street Address (if different from Mailing Address):					Cell Phone:	
	Town/City:		State:	Zip:		Social Security #:	
	Email Address:					Are you 18 or older? YES <input type="checkbox"/> NO <input type="checkbox"/>	

POSITION	Position Applying For:		Full Time: <input type="checkbox"/>	Date You Can Start:	Hourly Rate Desired:	
	Part Time: <input type="checkbox"/>					
	Are You Currently Employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			If Yes, May We Contact Your Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Have You Ever Applied to Milford Lumber Before? Yes <input type="checkbox"/> No <input type="checkbox"/>			Do You Know any Current Employees at Milford Lumber? Yes <input type="checkbox"/> If yes, name: _____ No <input type="checkbox"/>		
Milford Lumber Company is open: Monday thru Friday: 7:00 AM – 5:00 PM Saturday: 7:00 AM – 12:30 PM						Are you Available During These Hours? YES <input type="checkbox"/> NO <input type="checkbox"/>

EDUCATION & SKILLS	Education Level		School Name and Location		Year Graduated
	High School				
	General Education Development (GED)				
	Trade, Correspondence or Business School				
	Skills (check all that apply):		<input type="checkbox"/> Knowledge of Lumber Materials	<input type="checkbox"/> Snow Plowing	<input type="checkbox"/> Lifting Bulk Materials
			<input type="checkbox"/> Basic Math Skills	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Landscaping
		<input type="checkbox"/> Forklift Experience/Certification	<input type="checkbox"/> Painting – Interior/Exterior	<input type="checkbox"/> Other _____	
Work Habits (check all that apply):		<input type="checkbox"/> Available to Work Flexible Hours	<input type="checkbox"/> Team Player		
		<input type="checkbox"/> Good Attendance Record and On-Time for Work	<input type="checkbox"/> Safety Conscious		
		<input type="checkbox"/> Willing to Perform Outside all Weather Work			

FORMER EMPLOYERS	Name of Current Employer:			Phone:		
	Address:			Supervisor Name:		
	Job Title:		Starting Hourly Salary:	Ending Hourly Salary:		
	From: _____	To: _____	Reason for Leaving:			
	Name of Previous Employer:			Phone:		
	Address:			Supervisor Name:		
	Job Title:		Starting Hourly Salary:	Ending Hourly Salary:		
	From: _____	To: _____	Reason for Leaving:			

REFERENCES	Name of Previous Employer:		Phone:	
	Address:		Supervisor Name:	
	Job Title:	Starting Hourly Salary:	Ending Hourly Salary:	
	From: _____	To: _____	Reason for Leaving:	

List three (3) references you are NOT related to, whom you have known at least one (1) year.			
Name	Address	Phone	Years Acquainted
		()	
		()	
		()	

ADDITIONAL INFORMATION	This Section to be Completed by Driver Applicants Only.			
	NOTE: ALL drivers at Milford Lumber are required to pass a pre-employment Drug Test and are subject to ongoing random drug and alcohol testing.			
	Driving Experience			
	<input type="checkbox"/> Boom _____ Yrs. _____ Mos. <input type="checkbox"/> Moffett _____ Yrs. _____ Mos. <input type="checkbox"/> Flatbed (Dump body) _____ Yrs. _____ Mos. <input type="checkbox"/> Box _____ Yrs. _____ Mos. <input type="checkbox"/> Dump _____ Yrs. _____ Mos.	<input type="checkbox"/> Pick-up _____ Yrs. _____ Mos. <input type="checkbox"/> Loader _____ Yrs. _____ Mos. <input type="checkbox"/> Standard Shift _____ Yrs. _____ Mos. <input type="checkbox"/> Familiar with Area _____ Yrs. _____ Mos. <small>(Milford, NH - 30 mile radius)</small>		
	Certifications			
DOT Medical Card? YES <input type="checkbox"/> NO <input type="checkbox"/> Expiration Date: _____ Certified Driver's License? YES <input type="checkbox"/> NO <input type="checkbox"/> CDL-A: _____ CDL-B: _____ Forklift Certification? YES <input type="checkbox"/> NO <input type="checkbox"/> Expiration Date: _____ MA Hoisting Certification? YES <input type="checkbox"/> NO <input type="checkbox"/> Expiration Date: _____				
Safety				
Clean Driving Record? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, describe accidents/violations below: 1. _____ Date: _____ 2. _____ Date: _____ 3. _____ Date: _____ 4. _____ Date: _____				

SIGNATURE	AUTHORIZATION	
	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 shall be grounds for dismissal.	
	I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.	
	I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.	
_____ Applicant's Signature		
_____ Date		