

# TRI-COUNTY HARWARE, INC

235 S POPLAR ST. BERWICK, PA 18603

[tricitylumber@verizon.net](mailto:tricitylumber@verizon.net)

570-752-4500 voice

570-752-4551 fax

FOR EMPLOYMENT

- Applying for Tri-County Lumber
- Applying for Tri-County Truss
- Applying for Tri-County Kitchen & Bath

President

John L Coates

General Manager

Jim Melchiorre

WE ARE EQUAL OPPORTUNITY EMPLOYER

LAST NAME		FIRST NAME		MIDDLE NAME	
ADDRESS NUMBER	STREET	CITY	STATE	ZIP CODE	
HOME (CELL) NUMBER			SOCIAL SECURITY NUMBER		

DATE OF APPLICATION \_ / \_ / \_

- YES  NO Have you ever been employed with us before ? If Yes, give date: \_\_\_\_\_
- YES  NO Are you currently employed ?
- YES  NO May we contact your present employer ?
- YES  NO Do you have a valid PA drivers license ?
- YES  NO Are you a US citizen or a legal immigrant ? Proof required upon employment.
- YES  NO (Optional) Do you smoke
- YES  NO If you are under 18 years of age, can you provide required proof of your eligibility to work?
- YES  NO Do any of your friends or relatives work here ? If Yes state relationship and name(s) \_\_\_\_\_

Date available for work \_ / \_ / \_ What is your desired wage range ? \_\_\_\_\_

- YES  NO Are you currently on "lay-off" status and subject to recall ?

**QUESTIONS BELOW ARE OPTIONAL**

From a scale from 1 to 10,

1 meaning very little knowledge

10 meaning very knowledgeable

Please answer the questions below

How knowledgeable do you feel you are with

\_\_\_\_\_ lumber and plywood

\_\_\_\_\_ engineered wood products

\_\_\_\_\_ windows and doors

\_\_\_\_\_ roof and floor trusses

School	Name and Address of School	Course of Study	Years Completed		
High School					
Undergraduate College					
Graduate/ Professional					
Other (Specify)					

## Work Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer	Date Employed	Hourly Rate/Salary	Work Performed	May we Contact
Address	<b>From:</b>	<b>Starting:</b>		<input type="checkbox"/> YES
Phone Number				
Job Title	<b>To:</b>	<b>Final:</b>		<input type="checkbox"/> NO
Supervisor				
Reason for Leaving				

Employer	Date Employed	Hourly Rate/Salary	Work Performed	May we Contact
Address	<b>From:</b>	<b>Starting:</b>		<input type="checkbox"/> YES
Phone Number				
Job Title	<b>To:</b>	<b>Final:</b>		<input type="checkbox"/> NO
Supervisor				
Reason for Leaving				

Employer	Date Employed	Hourly Rate/Salary	Work Performed	May we Contact
Address	<b>From:</b>	<b>Starting:</b>		<input type="checkbox"/> YES
Phone Number				
Job Title	<b>To:</b>	<b>Final:</b>		<input type="checkbox"/> NO
Supervisor				
Reason for Leaving				

**List professional, trade business or civic activities and offices held.**

**Personal/Professional References** Do not include family members

Name	Phone Number	Relationship	Best Time to Call	Occupation

**Applicant's Statement**

I certify that answers given herein are true and complete.  
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.  
This application for employment shall be considered active for a period of time not to exceed 45 days.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, and employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

✓

▪ **Signature of Applicant**

**Date**