



F.H. STOLTZE LAND & LUMBER Co.

Lumber Manufacturers

P.O. Box 1429 Columbia Falls, MT 59912

Equal Opportunity Employer – F.H. Stoltze considers applicants for positions without regards to race, color, religion, creed, gender, national origin, age, disability, veteran, or any other legally protected status. F.H. Stoltze is an equal opportunity employer of individuals with disabilities and protected veterans.

This application is current for only 90 days. At the end of 90 days, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to call or fill out a new application at a time when we are accepting general application.

Application for Employment

Print sign and submit application:

In person: 600 Halfmoon Rd. Columbia Falls MT 59912	By mail: PO Box 1429 Columbia Falls MT 59912
Fax: 406-892-1612	E-mail: applications@stoltzelumber.com

Position Applied For _____

Date _____

First Name _____

Middle Name _____

Last Name _____

Phone Number _____

Address _____

Are you at least 18 years old or older? Yes No

Have you ever filed an application with us before? Yes No If yes, when? _____

Have you ever been employed with us before? Yes No If yes, when? _____

Are you currently employed? Yes No

Are you on "lay-off" status and subject to recall? Yes No

On what date would you be available to work? _____

Are you available to work: Full Time Part-Time Temporary

What shifts are you willing to work? Day Night Graveyard Rotating shift

Will you be able to provide proof of identity and employment eligibility if hired? Yes No

Have you ever been convicted of a criminal offense? Yes No (A conviction will not necessarily disqualify an applicant from employment)

If Yes, Please describe: _____

Stoltze has a zero tolerance for drug use. Are you willing to take a drug/alcohol test? Yes No

If hired, will you abide by all safety rules of this company? Yes No

Military Experience Yes No

Military service date entered: _____

Military service date separated: _____

Branch of service: _____

Duties included? _____



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Education What is your highest level of education? _____

High School
 Name _____
 City & State _____
 Did you graduate? Yes No

School Name _____
 City & State _____
 Date started _____ Date ended _____
 Field of study _____
 Did you graduate? Yes No
 List specific type of degree/diploma received? _____

School Name _____
 City & State _____
 Date started _____ Date ended _____
 Field of study _____
 Did you graduate? Yes No
 List specific type of degree/diploma received? _____

School Name _____
 City & State _____
 Date started _____ Date ended _____
 Field of study _____
 Did you graduate? Yes No
 List specific type of degree/diploma received? _____

School Name _____
 City & State _____
 Date started _____ Date ended _____
 Field of study _____
 Did you graduate? Yes No
 List specific type of degree/diploma received? _____

Do you have any correspondence, trade or apprentice training not listed above? Yes No

If yes, please list:

List any office or industrial equipment which you can operate:



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List any computer software you can operate:

Employment History (Last ten years and any relevant work experience) List any military service assignments and volunteer assignments. Please explain any gaps in employment in the additional comment section.

Company Name	_____
Telephone Number	_____
Address	_____
Job Title	_____
Supervisor	_____
Start Date:	_____
End Date:	_____
Reason for leaving	_____
Final Wage	_____
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Your responsibilities	_____

Company Name	_____
Telephone Number	_____
Address	_____
Job Title	_____
Supervisor	_____
Start Date:	_____
End Date:	_____
Reason for leaving	_____
Final Wage	_____
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Your responsibilities	_____

Company Name	_____
Telephone Number	_____
Address	_____
Job Title	_____
Supervisor	_____
Start Date:	_____
End Date:	_____
Reason for leaving	_____
Final Wage	_____
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Your responsibilities	(continued on next page)



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Company Name _____
Telephone Number _____
Address _____
Job Title _____
Supervisor _____
Start Date: _____ End Date: _____
Reason for leaving _____
Final Wage _____
May we contact for reference? Yes No Later
Your responsibilities _____

Company Name _____
Telephone Number _____
Address _____
Job Title _____
Supervisor _____
Start Date: _____ End Date: _____
Reason for leaving _____
Final Wage _____
May we contact for reference? Yes No Later
Your responsibilities _____

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Final Wage _____
May we contact for reference? Yes No Later
Your responsibilities _____



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Job Title _____
Supervisor _____
Start Date: _____ End Date: _____
Reason for leaving _____
Final Wage _____
May we contact for reference? Yes No Later
Your responsibilities _____

Company Name _____
Telephone Number _____
Address _____
Job Title _____
Supervisor _____
Start Date: _____ End Date: _____
Reason for leaving _____
Final Wage _____
May we contact for reference? Yes No Later
Your responsibilities _____

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Telephone Number _____
Address _____
Job Title _____
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Final Wage _____
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Your responsibilities _____

Company Name _____
Telephone Number _____
(Continued onto next page)



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Address	_____
Job Title	_____
Supervisor	_____
Start Date: _____	End Date: _____
Reason for leaving	_____
Final Wage	_____
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Your responsibilities	_____

Volunteer work

Please describe any volunteer work you have performed:

References- Please list three

Name _____	Phone Number _____
Name _____	Phone Number _____
Name _____	Phone Number _____

Do you have any additional comments?



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Important-Please read before signing.

Please review the application and make sure that you answered each item and that you have listed all requested information.

Release of previous employment information, medical and drug/alcohol test results.

By signing this, I attest the information contained on my application is true, correct, and complete, and that any information not true, correct, and complete can be used to disqualify me from hiring consideration. I authorize investigation of all statements contained in this application. If employed, I understand that misrepresentation or omission of facts asked for on this application is cause for termination of employment. If offered employment, I am willing to take a physical examination. I agree to comply with F.H. Stoltze Land & Lumber Co. substance and alcohol abuse program, and hereby consent to drug and alcohol screening as required. I hereby authorize the release of the results of said drug and alcohol screening to F.H. Stoltze Land & Lumber Co.

X

Sign Here

X

Print name here

X

Date here



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Authorization for Release of Information

I hereby authorize the individual, company or institution to which this authorization is being sent to release any information on record or otherwise to F.H. Stoltze Land & Lumber Co. and its representatives. By signing this authorization, I release the addressed individual, company or institution and all individuals connected therewith, including F.H. Stoltze Land & Lumber Co. and its representatives, from any and all liability for any damages whatsoever incurred in furnishing such information.

A photocopy of this release shall be considered as valid as the original.

X

Sign Here

X

Print name here

X

Date here



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Invitation to Self-Identify--Voluntary

This employer is a Government contractor subject to Executive Order 11246, as amended. In accordance with the Executive Order, we will not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. This order also requires Government contractors to take affirmative action to ensure that applicants are employed, without regard to their race, color, religion, sex, or national origin.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Information you submit will be kept confidential, except the Government officials engaged in enforcing laws administered by OFCCP may be informed. This information provided would be used only in ways that are not inconsistent with Executive Order 12426, as amended.

I identify myself as:

Veteran of the Vietnam era or any other veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

A person who:

(a) Served on active duty for more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge; or (b) was discharged from active duty for a service-connected disability if any of such active duty was performed between August 5, 1964, and May 7, 1975; or (c) served on active duty for more than 180 days, any part of which occurred in the Republic of Vietnam between February 28, 1961 and May 7, 1975, and was discharged or released therefrom with other than an dishonorable discharge; or (d) served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

Yes No

Gender: Male Female

Race: White African American Hispanic
 Asian or Pacific Islander American Indian or Alaskan Native

X

Sign Here

X

Print name here

X

Date here