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 Click here to enter text. |
| Date Click here to enter text. |
| First Name Click here to enter text. |
| Middle Name Click here to enter text. |
| Last Name Click here to enter text. |
| Phone Number Click here to enter text. |
| Address Click here to enter text. |
| 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?Click here to enter text. |
| Have you ever been employed with us before? [ ] Yes [ ] No If yes, when?Click here to enter text. |
| 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? Click here to enter text. |
| 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: Click here to enter text. |
| 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: Click here to enter text. Military service date separated: Click here to enter text. Branch of service: Click here to enter text. Duties included? Click here to enter text. |
|  |
| **Education** What is your highest level of education? Choose an item. |
|  High School |
| Name Click here to enter text. |
| City & State Click here to enter text. |
| Did you graduate? [ ] Yes [ ] No |
|  |
| School Name Click here to enter text. |
| City & State Click here to enter text. |
| Date started Click here to enter text.  | Date ended Click here to enter text. |
| Field of study Click here to enter text. |
| Did you graduate? [ ] Yes [ ] No |
| List specific type of degree/diploma received? Click here to enter text. |
|  |
| School Name Click here to enter text. |
| City & State Click here to enter text. |
| Date started Click here to enter text.  | Date ended Click here to enter text. |
| Field of study Click here to enter text. |
| Did you graduate? [ ] Yes [ ] No |
| List specific type of degree/diploma received? Click here to enter text. |
|  |
| School Name Click here to enter text. |
| City & State Click here to enter text. |
| Date started Click here to enter text.  | Date ended Click here to enter text. |
| Field of study Click here to enter text. |
| Did you graduate? [ ] Yes [ ] No |
| List specific type of degree/diploma received? Click here to enter text. |
|  |
| School Name Click here to enter text. |
| City & State Click here to enter text. |
| Date started Click here to enter text.  | Date ended Click here to enter text. |
| Field of study Click here to enter text. |
| Did you graduate? [ ] Yes [ ] No |
| List specific type of degree/diploma received? Click here to enter text. |
|  |
| Do you have any correspondence, trade or apprentice training not listed above? [ ] Yes [ ] NoIf yes, please list: Click here to enter text. |
| List any office or industrial equipment which you can operate: Click here to enter text. |
| List any computer software you can operate: Click here to enter text. |
|  |
| **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 Click here to enter text. |
| Telephone Number Click here to enter text. |
| Address Click here to enter text.  |
| Job Title Click here to enter text. |
| Supervisor Click here to enter text. |
| Start Date: Click here to enter text. | End Date: Click here to enter text. |
| Reason for leaving Click here to enter text. |
| Final Wage Click here to enter text. |
| May we contact for reference? [ ] Yes [ ]  No [ ] Later |
| Your responsibilitiesClick here to enter text. |
|  |
| Company Name Click here to enter text. |
| Telephone Number Click here to enter text. |
| Address Click here to enter text.  |
| Job Title Click here to enter text. |
| Supervisor Click here to enter text. |
| Start Date: Click here to enter text. | End Date: Click here to enter text. |
| Reason for leaving Click here to enter text. |
| Final Wage Click here to enter text. |
| May we contact for reference? [ ] Yes [ ]  No [ ] Later |
| Your responsibilities Click here to enter text. |
|  |
| Company Name Click here to enter text. |
| Telephone Number Click here to enter text. |
| Address Click here to enter text.  |
| Job Title Click here to enter text. |
| Supervisor Click here to enter text. |
| Start Date: Click here to enter text. | End Date: Click here to enter text. |
| Reason for leaving Click here to enter text. |
| Final Wage Click here to enter text. |
| May we contact for reference? [ ] Yes [ ]  No [ ] Later |
| Your responsibilities Click here to enter text. |
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| Company Name Click here to enter text. |
| Telephone Number Click here to enter text. |
| Address Click here to enter text.  |
| Job Title Click here to enter text. |
| Supervisor Click here to enter text. |
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| Address Click here to enter text.  |
| Job Title Click here to enter text. |
| Supervisor Click here to enter text. |
| Start Date: Click here to enter text. | End Date: Click here to enter text. |
| Reason for leaving Click here to enter text. |
| Final Wage Click here to enter text. |
| May we contact for reference? [ ] Yes [ ]  No [ ] Later |
| Your responsibilities Click here to enter text. |
|  |
| **Volunteer work**Please describe any volunteer work you have performed:Click here to enter text. |
|  |
| **References-** Please list three |
| Name Click here to enter text. | Phone Number Click here to enter text. |
| Name Click here to enter text. | Phone Number Click here to enter text. |
| Name Click here to enter text. | Phone Number Click here to enter text. |
|  |
| Do you have any additional comments?Click here to enter text. |

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 of 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 herby 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.

 



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 than180 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, 197f; 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

 



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.

 

