



GILMAN BUILDING PRODUCTS COMPANY

APPLICATION FOR EMPLOYMENT

(COMPLETE IN OWN HANDWRITING)

Must be completely filled out. Incomplete applications will not be accepted

AN EQUAL OPPORTUNITY EMPLOYER

Social Security Number			
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Regular Employment Temporary Employment College Student (Temporary)

Date _____

Full Name _____ Ht. _____ Wt. _____

Present Address _____ Phone: Own _____
Street or P.O. Box City State Zip

Last Address _____ From _____ To _____

Position Applied for (Please be specific) _____

List physical defects that could be aggravated by doing physical work: _____

Have you filed an application with Gilman before? yes no If yes, give date _____

Previously employed by Gilman Paper Co. yes no From _____ To _____ Dept. _____

Name of all relatives in our employ

Name _____ Relationship _____ Dept. _____

Name _____ Relationship _____ Dept. _____

Name _____ Relationship _____ Dept. _____

In case of accident notify _____ Phone _____

Full Address _____ Relationship _____

EDUCATION	NAME & LOCATION	CIRCLE NO. OF LAST GRADE COMPLETED	TYPE OF COURSE	GRADUATE? (Yes or No)	DATE OF LEAVING Month & Year
Grade School		1 2 3 4 5 6 7			
High School		8 9 10 11 12			
College or Univ.		1 2 3 4			
Corres. Course		1 2 3 4			
Other Schools		1 2 3 4			

List any saw mill or mechanical experience _____

Do you have any skills or special training? _____

Shop machines you can operate? _____

Other skills? _____

If hired, when could you start work? _____

Employment History: Give names and addresses of all previous employees (including civil service).

If you are now working, present employer and reason for desire to quit must be included.

Also, give reason for lapse of time where a period of termination of one place of employment does not fit into the next place of employment.

Employers' Names and Addresses	Kind of work	Wages per hour	Date started	Date left	Reason for leaving

List names of any three people — not relatives — who know you well:

Name	Occupation	Address

Military history: yes no Date served: From _____ To _____ Overseas Theatre _____
 Branch of service _____ Highest rank held _____

Ever been convicted of a felony? If yes, explain _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? (Proof of citizenship or immigration status will be required upon employment.) Yes No

PLEASE READ CAREFULLY BEFORE SIGNING

I understand that false statements on this application may be cause for immediate dismissal without notice. I agree to abide by all the rules of the company and will obey the orders and instructions of my supervisors. I will use and wear all safety appliances furnished me by the company and will be careful in my work and not expose myself or fellow workers to unnecessary dangers. I also agree that all former employers or any other persons, may furnish Gilman Paper Co. and subsidiary companies with all information regarding their record of my service, character and reason for leaving. I hereby release such former employers and persons from all liability on account of providing such information. I understand that any employment agreement is contingent upon passing our employment physical examination.

Signature of applicant _____ Date _____

FOR INDUSTRIAL RELATIONS DEPARTMENT USE ONLY

Position(s) interviewed for and date: _____

