



**CYR LUMBER**  
 & HomeCenter

39 Rockingham Rd., Rte. 28  
 P.O. Box 837  
 Windham, NH 03087  
 T. 603-898-5000 • F. 603-898-1676

*Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by federal, state or local law.*

## APPLICATION FOR EMPLOYMENT

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

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Last Name: \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_ Home: (    ) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_ Social Security Number \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ If Under 18, Please List Age \_\_\_\_\_

Position Applying For: \_\_\_\_\_ Pay Expected: \_\_\_\_\_

Type of Employment \_\_\_\_\_ Date You Can Start Work: \_\_\_\_\_

Full or Part-Time     Full-Time Only     Part-Time Only; How many hours/week? \_\_\_\_\_

Have you ever applied to or worked for Cyr Lumber & Home Center before? \_\_\_\_\_ Will you work overtime if asked?  
 No     Yes    If "Yes," please describe in full.     Yes     No

We are open 7 days a week, days and evenings. Can you work any day of the week or any schedule needed?  
 Yes I can work any schedule needed     No Please list the days and hours you can work: \_\_\_\_\_

Do you have a valid Driver's License?  
 Yes     Operator     Commercial (CDL)  
 No     Suspended; Date expected back \_\_\_\_\_     Revoked     Never Received a License

What is your means of transportation to work? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME?     No     Yes    If "Yes", please describe in full.

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SCHOOL	NAME OF SCHOOL CITY & STATE	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	
TRADE OR TECHNICAL			<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**EMPLOYMENT HISTORY**

**Work Experience:** Please list your work experience, beginning with your present or most recent job held. If you were self-employed, list company name. Please give accurate and complete information.

Company Name:	Tel. (     )
Address, City & State:	Employment Dates - Month/Year From:                      To:
1 Supervisor's Name:	Pay or Salary Start:                      Last:
State Job Title and Describe Your Work:	Reason for Leaving - Be Specific

Company Name:	Tel. (     )
Address, City & State:	Employment Dates - Month/Year From:                      To:
2 Supervisor's Name:	Pay or Salary Start:                      Last:
State Job Title and Describe Your Work:	Reason for Leaving - Be Specific

Company Name:	Tel. (     )
Address, City & State:	Employment Dates - Month/Year From:                      To:
3 Supervisor's Name:	Pay or Salary Start:                      Last:
State Job Title and Describe Your Work:	Reason for Leaving - Be Specific

Company Name:	Tel. (     )
Address, City & State:	Employment Dates - Month/Year From:                      To:
4 Supervisor's Name:	Pay or Salary Start:                      Last:
State Job Title and Describe Your Work:	Reason for Leaving - Be Specific

**We may contact the employers listed above for additional information regarding your employment.**

**May we contact your present employer?**       Yes       No, Reason \_\_\_\_\_

**MILITARY**

Have you ever been in the Armed Forces?       Yes       No      If "Yes" what Branch? \_\_\_\_\_

Dates of Service      From: \_\_\_\_\_ To: \_\_\_\_\_      Type of Discharge: \_\_\_\_\_

Are you now a member of the National Guard?       Yes       No

Describe any training you received relevant to the positions for which you are applying. \_\_\_\_\_

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**REFERENCES**

**References:** Please list names of three persons other than relatives or previous employers.

Name	Address	Profession	Years Acquainted

**ADDITIONAL INFO**

**Additional Personal Information:** Please list membership in professional and civic organizations, special accomplishments, awards, etc. *(Exclude those that may disclose your race, color, religion, age or national origin.)*

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**Skills and Work Habits:** Use this space below to add any other information about other skills, training, knowledge and good work habits that you believe would be helpful to Cyr Lumber.

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Did you complete this application yourself?  Yes  No If not, who did? \_\_\_\_\_

**SIGNATURE**

**Application Statement**

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize Cyr Lumber & Home Center, to contact and obtain information about me from previous employers, educational institutions and references I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, related resume or personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This Application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that on one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such an officer.

**I fully understand and accept all terms and conditions in the above statement.**

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature