



# WITHERS LUMBER Co

245 Young St. | P.O. Box 585  
WOODBURN, OR 97071  
PH: (503) 981-0195  
Fax: (503) 981-3964

## TEAM MEMBER APPLICATION

Withers Lumber is a small, family owned and operated lumber company and has been doing business since 1928.

The past 80 years have given us the experience and knowledge to provide quality service that customers have come to expect in the lumber industry.

We have 3 locations now serving the greater Salem-Woodburn and surrounding areas and we are proud of our company and the people who work with us.

### THE TIMID NEED NOT APPLY, ARE YOU WILLING TO:

- Pitch in as part of a team to get the job done?
- Make the effort and go the extra mile for customer satisfaction?
- Efficiently operate in an upbeat and busy environment?
- Face challenges head-on by using creativity and composure to create solutions to meet company and customer needs?

We easily and quickly recognize the few special people who have long term potential and are team-oriented achievers!

### WE REALLY VALUE SOME THINGS THAT YOU SHOULD KNOW ABOUT

- **Hospitality:** We want only the friendliest people serving our customers.
- **Quality:** We strive to provide the best quality lumber and materials to meet the high standards of today's customers.
- **Service:** We insist on courteous and friendly service procedures.
- **Cleanliness:** We require a clean environment in which customers can feel comfortable doing business.

### HOW WOULD RATE YOURSELF ON WITHERS ACHIEVEMENT PROFILE?

(1=Weak 2=Improvement needed 3=Solid 4=Strength 5=Superstar)

- \_\_\_\_\_ Hospitality: Your natural friendliness and customer service skills.
- \_\_\_\_\_ Energy Level: Your enthusiasm, self-motivation and sense of urgency.
- \_\_\_\_\_ Reliability: Your dependability, attendance, self-discipline and dedication.
- \_\_\_\_\_ Communication Skills: Your ability to listen well, express yourself clearly and accept feedback.
- \_\_\_\_\_ Teamwork: Your cooperation with others and team spirit



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9105 Portland Rd. NE  
BROOKS, OR 97305  
PH: (503) 393-3993

1205 N Second St.  
SILVERTON, OR 97381  
PH: (503) 873-5116

## FOR OFFICE USE ONLY

Work Location_____	Rate_____
Position_____	Date_____

213 W. Main St.  
MOLALLA, OR 97038  
PH: (503) 829-9101

Position(s) Applied for \_\_\_\_\_ Date of App \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle IN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Date available for work \_\_\_\_\_ Desired Wage: \_\_\_\_\_

Availability to work:  Full Time  Part Time (AM or PM)  Temporary – indicate dates: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Best time to contact you at home is: \_\_\_\_\_: \_\_\_\_\_ AM PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No  
If yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
If yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here?  Yes  No  
If Yes, state name, relationship and location \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your current employer?  Yes  No

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

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

Can you travel if a job requires it?  Yes  No

How did you learn about us?  Advertisement  Employment Agency  Friend  Relatives  
 Inquiry  Other \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

## EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
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. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer Name, Address, Phone Number	Dates Employed		Work Performed Including skills & responsibilities
	From	To	
Job Title- starting:                      ending:	Hourly Rate/Salary		
Supervisor:                                  Phone:	Starting	Final	
Reason for Leaving			
Employer Name, Address, Phone Number	Dates Employed		Work Performed Including skills & responsibilities
	From	To	
Job Title- starting:                      ending:	Hourly Rate/Salary		
Supervisor:                                  Phone:	Starting	Final	
Reason for Leaving			
Employer Name, Address, Phone Number	Dates Employed		Work Performed Including skills & responsibilities
	From	To	
Job Title- starting:                      ending:	Hourly Rate/Salary		



**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. \_\_\_\_\_ YES \_\_\_\_\_ NO

**PERSONAL/PROFESSIONAL REFERENCES** *Do not include family members or past supervisors*

Name	Phone Number	Best Time to Call	Occupation
1			
2			
3			

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete.

I authorize investigation of all statements in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any 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 document 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