



**FORMER EMPLOYERS: (LIST MOST RECENT FIRST)**

COMPANY NAME	JOB TITLE & DUTIES
ADDRESS	CITY, STATE, ZIP
SUPERVISOR'S NAME	TELEPHONE NUMBER
DATES WORKED FROM:                      TO:	REASON FOR LEAVING
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DATES WORKED FROM :                      TO:	REASON FOR LEAVING:
SPECIAL SKILLS AND QUALIFICATIONS:	
ADDITIONAL INFORMATION YOU WANT US TO CONSIDER IN EVALUATING YOUR QUALIFICATIONS:	
EXPLAIN ANY GAPS OF EMPLOYMENT HERE:	

**HOW DID YOU HEAR ABOUT LITTFIN TRUSS COMPANY?**

<input type="checkbox"/> ADVERTISEMENT	<input type="checkbox"/> INTERNET SITE (PLEASE VERIFY SITE)
<input type="checkbox"/> JOB FAIR/RECRUITING EVENT (PLEASE IDENTIFY WHICH/WHERE:	<input type="checkbox"/> REFERRAL (PLEASE IDENTIFY WHO REFERRED YOU:
<input type="checkbox"/> OTHER	

**REFERENCES:** LIST **TWO** CURRENT OR PAST INDIVIDUALS WHO HAVE SUPERVISED/MANAGED YOU. AN HR MANAGER WILL ALSO BE ACCEPTABLE. YOU MAY LIST ONE PERSONAL REFERENCE. **DO NOT INCLUDE RELATIVES.**

NAME	COMPANY	TITLE/RELATIONSHIP	TELEPHONE NUMBER

**AGREEMENT – PLEASE READ CAREFULLY ENTIRE STATEMENT BELOW AND SIGN**

I certify that the facts set forth in this application are true and complete, to the best of my knowledge. I acknowledge that Littfin Truss Co. and/or any of its divisions or affiliated entities (hereafter referred to as “THE COMPANY”) may rely on my representations in this application in making its hiring decision. I understand that any false statement or omission of information submitted on this application may result in my not being hired or if discovered later, my immediate discharge.

I authorize investigation of all statements contained herein and authorized the references and previous employers listed above to give THE COMPANY any and all information requested concerning my previous employment and any pertinent information they may have, personal or otherwise. I understand that the results of such an investigation may be used to determine whether I will be hired. I hereby release said references, investigators, previous employers and THE COMPANY from all liability for any damage that may result from furnishing or receiving this information.

I further agree that, if employed, I will conform my conduct to THE COMPANY rules and understand that my employment is “at will” and can be terminated with or without cause, and with or without notice, at any time, at my option or the option of THE COMPANY where applicable. I also understand that this application and any employment manuals or handbooks that may be distributed to me during my employment shall not be regarded as a contract.

In the event of termination of my employment, whether voluntary or involuntary, I authorize THE COMPANY, in its sole discretion, to supply my name, address, and phone number to other divisions, companies, services, or agencies which may have employment opportunities.

EMPLOYEE SIGNATURE:  DATE:

Littfin Truss Co. 555 Baker Ave. West P.O. Box 666 Winsted, MN 55395 Phone: 320-485-3861