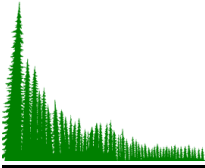


LAKE STATES LUMBER, INC.

APPLICATION FOR EMPLOYMENT

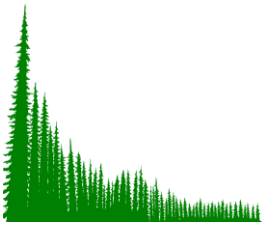
LAKE STATES LUMBER, INC. IS AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Please print. Complete all sections.



GENERAL INFORMATION	Name: (Last) (First) (Middle)			1) Telephone No. (Home)	2) Telephone No. (Work/Other)	
	Address: (Number) (Street)			Do you have a current valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> Respond only if the position for which you are applying involves driving. Employment may be contingent upon a verifiable safe driving record.		
	(City) (State) (Zip Code)					
	Referred by: <input type="checkbox"/> Advertisement <input type="checkbox"/> Walk-In <input type="checkbox"/> Friend <input type="checkbox"/> Employee Agency _____ Other _____ (please specify) (please specify)					
	What is your trade or profession?		Position desired:		Salary/Wage Desired:	
	Date available to start work:		<input type="checkbox"/> Full-Time <input type="checkbox"/> Shift Work Please specify what shifts you are willing to work (if applicable) <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			
	What skills do you possess, including the ability to operate machinery and/or office equipment, that would be relevant to the job for which you are applying?					
	Have you ever applied with LSL? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain:			Have you ever worked for LSL? <input type="checkbox"/> No <input type="checkbox"/> Yes Where and when?		
	Do you have any geographical restrictions concerning travel/relocation? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain:			Are you legally authorized to be employed in the United States? - (If you are offered employment, you will be required to verify, as required by law, your U.S. employment eligibility.) <input type="checkbox"/> No <input type="checkbox"/> Yes Explain:		
	EMPLOYMENT HISTORY	Please list all employment starting with present or most recent employer. Account for all periods, including unemployment and service with U.S. Armed Forces. Also include relevant voluntary and/or part-time work experience. Use an additional sheet if necessary. If you are a recent graduate, please include summer employment.				
Section A - Recent Employment						
Most Recent or Present Employer:		From (Mo./Yr.)	Employer's Phone No:	Supervisor	Salary-Start	
		To (Mo./Yr.)			Salary-Final	
Employer's Address:		Describe Major Duties (responsibilities, accomplishments)				
Position Held:						
Reason for Leaving:						
Next to last Employer:		From (Mo./Yr.)	Employer's Phone No:	Supervisor	Salary-Start	
		To (Mo./Yr.)			Salary-Final	
Employer's Address:		Describe Major Duties (responsibilities, accomplishments)				
Position Held:						
Reason for Leaving:						
Employer before that:		From (Mo./Yr.)	Employer's Phone No:	Supervisor	Salary-Start	
		To (Mo./Yr.)			Salary-Final	
Employer's Address:		Describe Major Duties (responsibilities, accomplishments)				
Position Held:						
Reason for Leaving:						
Section B - Other Periods						
From (Mo./Yr.)	To (Mo./Yr.)	List Employer(s) or State "Unemployed"		Position or Reason for Unemployment:		
Have you signed a Secrecy and Invention agreement in favor of any previous employer? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Give names in space provided:						
Are you under any obligation to a previous employer, through a Secrecy and Invention Agreement or otherwise, restricting your acceptance of employment with a competitive firm? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Indicate extent of restriction:						
MAY WE COMMUNICATE WITH PRESENT EMPLOYER? Yes <input type="checkbox"/> No <input type="checkbox"/>						

EDUCATION	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	MAJOR SUBJECT	DEGREE RECEIVED
	HIGH SCHOOL			
	VOCATIONAL/TECHNICAL SCHOOL			
	COLLEGE			
	GRADUATE/ADVANCED STUDY			
	Additional training, apprenticeship or course work			
If presently attending school indicate number of credits completed to date			Honors Received	Thesis Topic
UNITED STATES MILITARY SERVICE WITHIN THE LAST TEN YEARS				
Branch of Service _____ Date of Entry _____ Date of Discharge _____				
Service Schools or Special Experience				
REFERENCES	Please list the names of up to four persons who can verify the information contained in this application, excluding relatives.			
	NAME	ADDRESS	PHONE NUMBER	OCCUPATION
PRE-EMPLOYMENT STATEMENT	APPLICANT PRE-EMPLOYMENT STATEMENT (Read Carefully)			
	I voluntarily give Lake States Lumber, Inc. the right to solicit from my previous employers, schools, personal references and other individuals and entities information they may have regarding me, and for any individual or entity so solicited to provide the information to LSL. In consideration of LSL's review of this application, I release the Company and all providers of information from liability as a result of soliciting, furnishing and/or receiving this information about me.			
	I further understand that, if I misrepresent or omit any facts in connection with my application for employment, my application will be subject to rejection, and if I am hired, I will be subject to immediate discharge from employment. If I am employed by LSL, I agree to conform to the rules and regulations of the Company. I also agree to wear or use protective clothing or devices as required by LSL.			
	I understand and consent that, upon an offer of conditional employment, LSL may require me, where permitted by law, to undergo a physical examination and/or test(s) for substance abuse. I acknowledge and agree that LSL reserves the right to use the results of such an examination and/or substance abuse test(s) as a basis for denying me employment or continued employment as permitted by law for the specific position for which I have applied.			
	<i>I understand that, if employed by Lake States Lumber, Inc., I will be employed at-will, which means I will have the right to terminate my employment at any time with or without notice or cause and for any reason, and the Company will have the same right. I further understand and acknowledge that LSL's and my right to terminate the employment relationship shall not be restricted or modified in any way by virtue of anything occurring during my employment with LSL.</i>			
<i>I certify that I have read and understand the foregoing, and to the best of my knowledge and belief, the information on this form is true, correct and complete.</i>				
Signature of Applicant _____			Date _____	



LAKE STATES LUMBER, INC.

EQUAL EMPLOYMENT OPPORTUNITY (EEO)
VOLUNTARY SELF-IDENTIFICATION FORM

Lake States Lumber, Inc. (LSL) is committed to providing equal opportunity in all employment-related activities without regard to race, color, religion, sex, national origin, age, disability, or veteran status. Reasonable accommodation, based on disability or religious observances, will be considered when appropriate. LSL recognizes its affirmative action responsibilities with respect to women, minorities, individuals with disabilities, and eligible veterans. LSL is required to collect and report the following information to Federal and State agencies. When reported, data will not identify any specific individual. Responses to the questions on this form are considered voluntary and the information you provide will be kept confidential and separate from employment records. You do not have to answer these questions to be considered for employment with Lake States Lumber. Your cooperation is appreciated.

GENERAL INFO	Name: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
RACE/ETHNIC CLASSIFICATION	<p><u>Are you Hispanic or Latino? If you answer YES, check the box for Hispanic or Latino.</u></p> <p><input type="checkbox"/> HISPANIC or LATINO: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.</p> <p><u>If you are not Hispanic or Latino, check one of the following categories.</u></p> <p><input type="checkbox"/> WHITE - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p> <p><input type="checkbox"/> BLACK OR AFRICAN AMERICAN - A person having origins in any of the Black racial groups of Africa.</p> <p><input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><input type="checkbox"/> ASIAN - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian sub-continent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand or Vietnam.</p> <p><input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE - A person having origins in any of the original peoples of North & South America (inc Central America) and who maintains tribal affiliation or community attachment.</p> <p><input type="checkbox"/> TWO OR MORE RACES - All persons who identify with more than one of the above five races.</p>

I decline the opportunity to provide the information requested on this voluntary self-identification form.

v

I understand that this information will be kept confidential, except as required, in conjunction with the federal/state regulations.

Signed: _____

Date: _____