

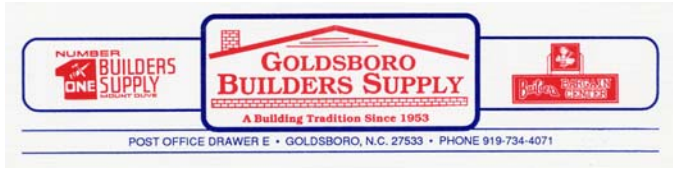
EMPLOYER'S USE

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DEPARTMENT

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STARTING DATE      PAY



EMPLOYER'S USE

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BRANCH LOCATION

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POSITION

NOTICE: Applicant should read the following information before filling out any of the questions in this form. Title VII of the Civil Rights Act of 1964, as amended, prohibits discrimination in employment because of race, color, sex, religion, or national origin. It is also illegal to discriminate in employment of persons because of their age if over 40.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Please answer all questions

**POSITION INFORMATION**

POSITION APPLIED FOR? \_\_\_\_\_

ARE YOU APPLYING FOR     Full Time     Part-Time     Temporary      REFERRED BY: \_\_\_\_\_

ARE YOU EMPLOYED NOW?    Yes    No    (Circle One)      DATE YOU CAN START? \_\_\_\_\_

**PERSONAL INFORMATION**

NAME	SOCIAL SECURITY #	BIRTH DATE
_____	_____	_____
Last                      First                      Middle		

PHONE NUMBER \_\_\_\_\_ ALTERNATE PHONE NUMBER \_\_\_\_\_

CURRENT ADDRESS	DATES RESIDED
_____	_____ to _____
Street Address                      City                      State                      Zip	Month/Year                      Month/Year

PREVIOUS ADDRESSES

_____	_____ to _____
Street Address                      City                      State                      Zip	Month/Year                      Month/Year
_____	_____ to _____
Street Address                      City                      State                      Zip	Month/Year                      Month/Year
_____	_____ to _____
Street Address                      City                      State                      Zip	Month/Year                      Month/Year
_____	_____ to _____
Street Address                      City                      State                      Zip	Month/Year                      Month/Year

LIST ALL STATES YOU HAVE RESIDED IN \_\_\_\_\_

**EDUCATION**

		GRADUATE	DEGREE/CERTIFICATE
		YES    NO	RECEIVED
HIGH SCHOOL	_____	_____	_____
	Name of School                      Location		
COLLEGE	_____	_____	_____
	Name of School                      Location		
BUSINESS/TRADE/ MILITARY	_____	_____	_____
	Name                      Location		

## EXPERIENCE

DATES EMPLOYED	EMPLOYER'S NAME & ADDRESS	PHONE NUMBER	SALARY POSITION	BEG	END	REASON FOR LEAVING
1. _____ to _____	_____ _____ Supervisor: _____	_____	_____	_____	_____	_____ May we contact? _____
2. _____ to _____	_____ _____ Supervisor: _____	_____	_____	_____	_____	_____ May we contact? _____
3. _____ to _____	_____ _____ Supervisor: _____	_____	_____	_____	_____	_____ May we contact? _____
4. _____ to _____	_____ _____ Supervisor: _____	_____	_____	_____	_____	_____ May we contact? _____
Military Service? _____ to _____	_____ US Military Branch	_____ Highest Rank	_____ Duty Specialty	_____ Salary		

**CHECK THE KINDS OF WORK IN WHICH YOU HAVE HAD EXPERIENCE**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Accounting           | <input type="checkbox"/> Data Processing              | <input type="checkbox"/> Truck Driving     | <input type="checkbox"/> Building Material Sales |
| <input type="checkbox"/> Bookkeeping          | <input type="checkbox"/> Office Practices             | <input type="checkbox"/> Forklift Operator | <input type="checkbox"/> Inside Sales            |
| <input type="checkbox"/> Cashier              | <input type="checkbox"/> Building Material Management | <input type="checkbox"/> Yard              | <input type="checkbox"/> Outside Sales           |
| <input type="checkbox"/> Credit & Collections | <input type="checkbox"/> Building Material Purchasing | <input type="checkbox"/> Warehouse         | <input type="checkbox"/> Management              |

**LIST THE OFFICE SKILLS AND/OR PLANT AND SHOP MACHINES YOU ARE QUALIFIED TO OPERATE:**

\_\_\_\_\_  
\_\_\_\_\_

**VEHICLE EXPERIENCE (Answer this section only if you are applying as a driver or vehicle operator)**

Do you have your Commercial Driver's License (CDL)? \_\_\_\_\_ Check the types of vehicles you are qualified, through experience, to operate  
 Driver's License Number \_\_\_\_\_  Passenger Car  Light Truck  Heavy Truck or Tractor  
 State Licensed In \_\_\_\_\_  Other \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 How many convictions for moving violation within the past 3 years? \_\_\_\_\_ Do we have permission to get a Motor Vehicle Report for Driving Record? \_\_\_\_\_

## EMPLOYMENT QUESTIONS

DO YOU APPROVE A COMPLETE BACKGROUND CHECK? Yes No (Circle One)

WILL YOU AGREE TO TAKE RANDOM DRUG TESTS IF EMPLOYED? Yes No (Circle One)

ARE YOU WILLING TO TAKE A DRUG SCREENING TEST AT OUR EXPENSE? Yes No (Circle One)

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? Yes No (Circle One) If Yes, Where \_\_\_\_\_ When \_\_\_\_\_

1. I Authorize investigation of all statement contained in the application.
2. I understand that misrepresentation or omission of facts called for is cause for dismissal and that my employment in substantially dependent on truthful answers to the foregoing inquiries.
3. I have read these statements and answers to these inquiries.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

\*\*\*\*\* DO NOT WRITE BELOW THIS LINE --- EMPLOYER'S USE ONLY \*\*\*\*\*

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_