



APPLICATION FOR EMPLOYMENT

Date of Application: ____/____/____



Preferred Building Systems and LaValley Building Supply are Equal Opportunity Employers. We consider applicants for all positions without regard to age, race, creed, religion, color, handicap, marital status, sex, sexual orientation, national origin, ancestry, arrest record, conviction record or membership in the National Guard, state defense force or any other reserve component of the military forces of the United States.

PERSONAL INFORMATION

Full Name:		Social Security Number:	
Street Address:			
City:		State:	Zip Code:
Home Phone:		Business Phone:	
Position Desired:		Date Available:	

Have you ever filed an application with us before? Yes No
 If Yes, give Month and Year: _____

Have you ever been employed with us before? Yes No
 If Yes, give Month and Year: _____

We work on a full-time schedule. Is that a problem? Yes No
 If this is a problem, what hours can you work? _____

We occasionally work more than eight (8) hours per day and on holidays.
 Will this be a problem? Yes No

If employed and you are under 18, can you furnish a work permit? Yes No

Can you perform the essential functions of the job you have applied for? Yes No

If No, please indicate which function(s) and give us any suggestions you have
 as to how we might accommodate you: _____

EMPLOYMENT EXPERIENCE

List all full and part time jobs you have had in the past 7 years. Include any job related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, sex, national origin, handicap or other protected status.

Please list your present or most recent job first.

EMPLOYMENT EXPERIENCE			
Start Date (month/year):		End Date (month/year):	
Employer:		Position Held:	
Address:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Supervisor:		Telephone:	
Reason for leaving:			
Start Date (month/year):		End Date (month/year):	
Employer:		Position Held:	
Address:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Supervisor:		Telephone:	
Reason for leaving:			
Start Date (month/year):		End Date (month/year):	
Employer:		Position Held:	
Address:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Supervisor:		Telephone:	
Reason for leaving:			
Start Date (month/year):		End Date (month/year):	
Employer:		Position Held:	
Address:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Supervisor:		Telephone:	
Reason for leaving:			

REFERENCES

Please list the names of persons not related to you willing to provide professional or character references for you. Give name, address and telephone number.

Name & Address:	Phone:
Name & Address:	Phone:
Name & Address:	Phone:

EDUCATION

SCHOOL	Name & Location of School	Course of Study	Years Attended	Did You Graduate	Degree or Diploma
GRAMMAR				<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH				<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER				<input type="checkbox"/> YES <input type="checkbox"/> NO	

GENERAL INFORMATION

List special skills, talents or experience you feel will benefit you in the job for which you have applied:

List all convictions for misdemeanors, felonies, or other offenses, except minor traffic violations (if none write none): _____

List all pending misdemeanor, felony or other criminal charges (if none, write none): _____

No applicant will be denied a position because of a conviction or a pending criminal charge, which the employer determines, is not substantially related to the circumstances of the job being sought.

MILITARY SERVICE

Complete this section if you served in the U.S. Armed Forces

Period of Active Duty (month/year):	From:	To:
Branch of Service:		
Describe your duties and any special training:		

APPLICANT’S STATEMENT

“ I certify that answers given herein are true and complete to the best of my knowledge.”

I understand that I may be required to submit to a post-employment offer physical examination and/or a drug screen, and that employment is conditioned upon obtaining satisfactory results. I consent to this post-employment offer physical examination and such further examinations as may be required, which may include drug screenings.

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

I understand that, if hired, any employment relationship with this Company 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. I also understand that acceptance of an offer of employment does not create a contractual obligation to continue to employ me in the future and that no Company official, management or otherwise, is authorized to make any oral assurance or promise of continued employment, and that any such pledge or agreement must be in writing, signed by the President of the Company.

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: _____

DO NOT WRITE IN THIS SPACE BELOW	
Interviewer’s Name	Date
To be completed by Human Resources Dept.	
Employed: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Job Title:	Department:
Rate of Pay:	Date of Hire:
<input type="checkbox"/> Approved Human Resources	Signature:
<input type="checkbox"/> Approved Executive Management	Signature: