

# APPLICATION FOR EMPLOYMENT

HR USE ONLY

Company BUILDERS SUPPLY CO., INC.  
Address 611 GODFREY AVE. S.  
PO. BOX 680070  
City FORT PAYNE, AL 35968-0070  
(256) 845-1451

Applicant No.	_____
Employee No.	_____
Company No.	_____
Location	_____
Date Employed	_____

APPLICANT TO COMPLETE ALL INFORMATION REQUESTED  
PLEASE PRINT

Documents Received:
<input type="checkbox"/> Resume
<input type="checkbox"/> Reference Checks
<input type="checkbox"/> Interview Record
<input type="checkbox"/> Payroll/Status Change Notice
<input type="checkbox"/> Employee Record Card

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
First Middle Last

Present address \_\_\_\_\_  
No. Street City State Zip

Previous address \_\_\_\_\_  
No. Street City State Zip

Telephone Number (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Do you have a legal right to be employed in the United States?  Yes (proof required)  No

Are you over the age of 18?  Yes  No

## COMPANY EXPERIENCE

Have you worked for this company before? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Where? \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

\_\_\_\_\_

## GENERAL

Are you currently employed? \_\_\_\_\_ If not, when was your last day employed? \_\_\_\_\_

Position applying for \_\_\_\_\_  Full Time  Part Time  Temporary  Seasonal

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

## EDUCATIONAL BACKGROUND

Type of School	Name and City	Did You Graduate?	Course or Major
College			
Technical School			
High School			
Other			

## LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

<b>1</b>	<b>COMPANY NAME</b> ADDRESS, CITY, STATE, ZIP PHONE NO. (      ) TYPE OF BUSINESS NAME OF SUPERVISOR	<b>DATES WORKED</b> FROM      TO	<b>POSITION(S) HELD</b>  <b>DUTIES / RESPONSIBILITIES</b>  <b>REASON FOR LEAVING</b>
	BASE GROSS INCOME \$      STARTING WAGE per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR      ENDING/CURRENT per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR <input type="checkbox"/> BONUS      AMOUNT RECEIVED \$ <input type="checkbox"/> INCENTIVES      WORK HOURS:		
<b>2</b>	<b>COMPANY NAME</b> ADDRESS, CITY, STATE, ZIP PHONE NO. (      ) TYPE OF BUSINESS NAME OF SUPERVISOR	<b>DATES WORKED</b> FROM      TO	<b>POSITION(S) HELD</b>  <b>DUTIES / RESPONSIBILITIES</b>  <b>REASON FOR LEAVING</b>
	BASE GROSS INCOME \$      STARTING WAGE per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR      ENDING per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR <input type="checkbox"/> BONUS      AMOUNT RECEIVED \$ <input type="checkbox"/> INCENTIVES      WORK HOURS:		
<b>3</b>	<b>COMPANY NAME</b> ADDRESS, CITY, STATE, ZIP PHONE NO. (      ) TYPE OF BUSINESS NAME OF SUPERVISOR	<b>DATES WORKED</b> FROM      TO	<b>POSITION(S) HELD</b>  <b>DUTIES / RESPONSIBILITIES</b>  <b>REASON FOR LEAVING</b>
	BASE GROSS INCOME \$      STARTING WAGE per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR      ENDING per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR <input type="checkbox"/> BONUS      AMOUNT RECEIVED \$ <input type="checkbox"/> INCENTIVES      WORK HOURS:		
<b>4</b>	<b>COMPANY NAME</b> ADDRESS, CITY, STATE, ZIP PHONE NO. (      ) TYPE OF BUSINESS NAME OF SUPERVISOR	<b>DATES WORKED</b> FROM      TO	<b>POSITION(S) HELD</b>  <b>DUTIES / RESPONSIBILITIES</b>  <b>REASON FOR LEAVING</b>
	BASE GROSS INCOME \$      STARTING WAGE per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR      ENDING per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR <input type="checkbox"/> BONUS      AMOUNT RECEIVED \$ <input type="checkbox"/> INCENTIVES      WORK HOURS:		

## WORK REFERENCES

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY			
WORK ADDRESS	CITY	STATE	HOME PHONE
			WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY			
WORK ADDRESS	CITY	STATE	HOME PHONE
			WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY			
WORK ADDRESS	CITY	STATE	HOME PHONE
			WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY			
WORK ADDRESS	CITY	STATE	HOME PHONE
			WORK PHONE

## SPECIAL SKILLS

Please check the skills for which you have received training:

Word Processing (WPM \_\_\_\_\_)
  Data Entry
  10 - Key Calculator

Software Packages: \_\_\_\_\_

Programming Languages: \_\_\_\_\_

Database: \_\_\_\_\_

Manufacturing Equipment: \_\_\_\_\_

Other: \_\_\_\_\_

### **APPLICANT MUST READ AND SIGN**

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

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Applicant Signature

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Date