

# CENTRAL BUILDING SUPPLIES EMPLOYMENT / JOB APPLICATION

## PERSONAL INFORMATION

DRIVERS LICENSE#: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
First Middle Last

ADDRESS: \_\_\_\_\_  
Street Address Apt/Suite

\_\_\_\_\_ City State Zip Code

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ARE YOU 18 YEARS OF AGE?:  YES  NO

SOCIAL SECURITY NUMBER (SSN): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE AVAILABLE: \_\_\_\_\_ DESIRED PAY: \$ \_\_\_\_\_  HOUR  SALARY

POSITION APPLIED FOR: \_\_\_\_\_

EMPLOYMENT DESIRED:  FULL-TIME  PART-TIME  SEASONAL

EMERGENCY CONTACT INFORMATION: \_\_\_\_\_  
Name Phone#

## EMPLOYMENT DESIRED

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY  
BECAUSE OF VISA OR IMMIGRATION STATUS?  YES  NO

DATE YOU CAN START: \_\_\_\_\_ DESIRED PAY: \$ \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

EMPLOYMENT DESIRED:  FULL-TIME  PART-TIME  SEASONAL

ARE YOU EMPLOYED NOW?  YES\*  NO

IF YES CAN WE CONTACT YOUR PRESENT EMPLOYER?  YES\*  NO

HAVE YOU EVER WORKED FOR THIS EMPLOYER?  YES\*  NO

**\*IF YES, WRITE THE START AND END DATES:** \_\_\_\_\_

**REFERRED BY:** \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A FELONY?**  YES\*  NO

**\*IF YES, PLEASE EXPLAIN:** \_\_\_\_\_

**EDUCATION**

**HIGH SCHOOL:** \_\_\_\_\_ **CITY / STATE:** \_\_\_\_\_

**# OF YEARS ATTENDED:** \_\_\_\_\_ **GRADUATE?**  YES  NO **DIPLOMA:** \_\_\_\_\_

**COLLEGE:** \_\_\_\_\_ **CITY / STATE:** \_\_\_\_\_

**# OF YEARS ATTENDED:** \_\_\_\_\_ **GRADUATE?**  YES  NO **DEGREE:** \_\_\_\_\_

**OTHER:** \_\_\_\_\_ **CITY / STATE:** \_\_\_\_\_

**# OF YEARS ATTENDED:** \_\_\_\_\_ **GRADUATE?**  YES  NO **DEGREE:** \_\_\_\_\_

**SPECIAL SKILLS:** \_\_\_\_\_

**ACTIVITIES (CIVIC, ATHLETIC, ETC)** \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

**EMPLOYER 1:** \_\_\_\_\_

Company / Individual

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

Street Address

Apt/Suite

City

State

Zip Code

**STARTING PAY:** \$ \_\_\_\_\_  HOUR  SALARY **ENDING PAY:** \$ \_\_\_\_\_  HOUR  SALARY

**JOB TITLE:** \_\_\_\_\_ **RESPONSIBILITIES:** \_\_\_\_\_

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_



**EMPLOYER 2:** \_\_\_\_\_  
Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address Apt/Suite

\_\_\_\_\_  
City State Zip Code

STARTING PAY: \$ \_\_\_\_\_  HOUR  SALARY ENDING PAY: \$ \_\_\_\_\_  HOUR  SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**EMPLOYER 3:** \_\_\_\_\_  
Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address Apt/Suite

\_\_\_\_\_  
City State Zip Code

STARTING PAY: \$ \_\_\_\_\_  HOUR  SALARY ENDING PAY: \$ \_\_\_\_\_  HOUR  SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**WHICH OF THESE JOBS DID YOU LIKE BEST?** \_\_\_\_\_

**WHAT DID YOU LIKE MOST ABOUT THIS JOB?** \_\_\_\_\_

**REFERENCES**  
(PROFESSIONAL ONLY) NOT RELATED TO YOU AND WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

**FULL NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
First Last



COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**FULL NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
First Last

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**FULL NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
First Last

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**MILITARY SERVICE**

**ARE YOU A VETERAN?**  YES  NO

**BRANCH:** \_\_\_\_\_ **RANK AT DISCHARGE:** \_\_\_\_\_

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**TYPE OF DISCHARGE:** \_\_\_\_\_

**IF NOT HONORABLE, PLEASE EXPLAIN:** \_\_\_\_\_

**BACKGROUND CHECK CONSENT**

**IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK?**  YES  NO



**DISCLAIMER**

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**REVIEWED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_

**REMARKS** \_\_\_\_\_

**HIRED**  YES  NO

**POSITION** \_\_\_\_\_

**HOURLY WAGE** \_\_\_\_\_

**STARTING DATE** \_\_\_\_\_

**APPROVED BY: PRINT NAME** \_\_\_\_\_



# REQUEST FOR CHECK OF DRIVING RECORD

**NOTE TO MOTOR CARRIER: SEE BACK SIDE FOR STATES THAT ACCEPT THIS FORM**

I hereby authorize you to release the following information to \_\_\_\_\_ CENTRAL BUILDING SUPPLIES \_\_\_\_\_  
 (Prospective Employer)  
 for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.  
 You are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
 (Applicant's Signature) (Date)

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a)).

\_\_\_\_\_  
 (Signature of Requester) (Date)

TO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DEAR SIR/MADAM:

- The following named person has made application with our company for the position of \_\_\_\_\_  
 \_\_\_\_\_  
 Regulations, please furnish the undersigned with the applicant's driving record for the past three years.
- The following named person is employed with our company in the position of \_\_\_\_\_  
 \_\_\_\_\_  
 Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
 (Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS \_\_\_\_\_  
 (Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

**REQUESTED BY**

(Name of Company)	(Typed Name)
(Address)	(Title)
(City) (State)	(Signature)

