

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. _____