



An Equal Opportunity Employer

EMPLOYMENT APPLICATION

APPLICANT INFORMATION				
Last Name		First Name		Middle Name
Street Address, Apt./Unit #		City	State	Zip Code
Mailing Address (if different than above)		City	State	Zip Code
Home Phone		Cell Phone		
Email Address				

EMPLOYMENT DESIRED				
Position applying for: _____				
If applying for a driver position, driver's license class: _____		Forklift Operator Certified:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Salary desired: \$ _____		Date available to work: _____		
Desired work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal				
Are you available to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you available to work overtime, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No				

RECRUITMENT INFORMATION	
How did you hear about this position?	
<input type="checkbox"/> Job Search Site: _____	<input type="checkbox"/> Employee Referral: _____ (Name)
<input type="checkbox"/> Company Website <input type="checkbox"/> Employment Agency	<input type="checkbox"/> Other: _____

PERSONAL INFORMATION	
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require sponsorship to maintain work authorization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked for Southeast Building Supply? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when and where?	
Do you have friends or relatives working for Southeast Building Supply? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide names and relationship:	
Have you ever been terminated from employment or asked to resign by an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain:	



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EDUCATION					
	School Name, City & State	# of Years Completed	Graduate Yes or No	Degree Received	Subjects Studied / Major
High School					
College/University					
College/University					
Trade or Business School					

EMPLOYMENT HISTORY
Include (10) years of employment history, including periods of unemployment, starting with the most recent employer. Attach additional page(s) if necessary. Incomplete information could disqualify you from further consideration.

Employer: _____ Phone: _____
 Address: _____ Supervisor: _____
 From: _____ To: _____ Job Title: _____
 MO/YR MO/YR
 Responsibilities: _____
 Reason for Leaving: _____

May we contact this supervisor for a reference? Yes No
 While employed here, were you subject to the Federal Motor Carrier Safety Regulations? Yes No
 Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? Yes No

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REFERENCES

Please list three professional references not related to you.

Full Name: _____ Relationship: _____

Company: _____ Years Acquainted: _____

Phone Number: _____

Email Address: _____

Full Name: _____ Relationship: _____

Company: _____ Years Acquainted: _____

Phone Number: _____

Email Address: _____

Full Name: _____ Relationship: _____

Company: _____ Years Acquainted: _____

Phone Number: _____

Email Address: _____



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DISCLAIMER AND SIGNATURE

Southeast Building Supply (“SBSI”) considers applicants for all positions based on qualifications and without regard to race, religion, color, sex, gender identity, sexual orientation, age, non-disqualifying physical or mental disability, national origin, veteran status or any other basis covered by appropriate law.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for SBSI to hire me. If I am hired, I understand that either SBSI or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of SBSI has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to SBSI true and complete information on this application. No requested information has been concealed. All offers of employment at SBSI are contingent upon clear results of a thorough background check and/or drug screen. I authorize SBSI to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature

Date

Printed Name