



APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER
YOUR BUILDING CENTERS, INC. IS A DRUG-FREE COMPANY

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

First Name: _____

Last Name: _____

Middle Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number(s): _____

Social Security Number: / /

Position(s) Applied For:

Date of Application:

Referred by:

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No If Yes, Give Date _____

Have you ever been employed with us before?

Yes No If Yes, Give Date _____

Are you currently employed?

Yes No

May we contact your present Employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? **(Proof of citizenship or immigration status will be required upon employment)**

Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Temporary

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

Have you been convicted of a felony within the last 7 years?
(Conviction will not necessarily disqualify from employment)

Yes No

If Yes, please explain _____

EDUCATION

	Name of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any job-related training received in the United States Military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignment and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer: _____

Dates Employed → From: _____ To: _____

Telephone Number (s): _____

Hourly Rate/Salary:

Starting: _____ Final: _____

Job Title: _____ Supervisor: _____

Reason (s) for Leaving: _____

Employer: _____

Dates Employed → From: _____ To: _____

Telephone Number (s): _____

Hourly Rate/Salary:

Starting: _____ Final: _____

Job Title: _____ Supervisor: _____

Reason (s) for Leaving: _____

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application.

REFERENCES

1) Name _____ Phone #: _____

Address _____

2) Name _____ Phone #: _____

Address _____

3) Name _____ Phone #: _____

Address _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization 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. It is further understood that this **“at will”** employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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