



An Equal Employment Opportunity Employer
APPLICATION FOR EMPLOYMENT
 Please Read Before Filling Out This Application

As required by law, the Company does not discriminate in hiring or employment on the basis of race, color, religion, national origin, handicap, sex, age, ancestry, or other legally protected characteristics.

While this application may be given consideration, its receipt does not imply that there are open positions or that the applicant will be employed. The Company reserves its right to withdraw any offer of employment at any time; similarly, the applicant has the right to withdraw this application at any time. If you wish to submit a resume, you may attach it to this application but, in addition, you must complete this application and answer all questions.

Please be sure that all of your answers on this application are complete and correct. Even if you are employed, you should understand that any omission or any false or misleading statement may result in dismissal.

PRINT your name as it appears on your Social Security Card

Today's Date: _____

 (First) (Middle) (Last)

Social Security Number: _____

Current Address: _____

Driver's License Number: _____

Education: High School _____
 Night School/College _____

Phone: () _____

Transportation? _____

EMPLOYMENT RECORD

Starting with PRESENT or MOST RECENT, list all previous employers. List only employers located within the United States. Include self-employment, summer, and part-time jobs.

Employer Name and Address	Job Title and Responsibilities	Date Started	Date Left	Reason for Leaving

Type of work desired _____

Salary Requirements _____ per hour/per week
 (circle one)

Have you ever been convicted of a felony? _____ Yes _____ No

If yes, please explain _____

Are you 18 years of age or older? _____

Do you have any activities, commitments, or responsibilities (for example family members, car pooling, school, other employment) which might in any way restrict the hours, including overtime, or days you can work? _____

I represent that the above statements are true and complete

 Signature of Applicant



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I certify that the statements made in this consent are correct and complete to the best of my knowledge.

I understand that false or misleading information may result in termination of employment.

I authorize Acme Building Materials, Inc. to conduct a reference check so that a hiring decision may be made. In the event that Acme Building Materials, Inc. is unable to verify any reference stated in this application, it is my responsibility to furnish the necessary documentation.

You May You May Not contact my present employer

You May You May Not contact the schools I have attended for the release of my educational records.

I authorize Acme Building Materials, Inc. to conduct a Motor Vehicle Record check if I am applying for a job which might require me to drive a Company vehicle.

I authorize Acme Building Materials, Inc. to request a credit report and a criminal record report.

Disclaimer:

If accepted for employment with Acme Building Materials, Inc., I agree to abide by all of its policies and procedures. If employed, I understand that I may terminate my employment at any time without notice or cause, and that the Employer may terminate or modify the employment relationship at any time without prior notice or cause. In Consideration of my employment, I agree to conform to the rules and regulations of the Employer and I understand that no representative of the Employer, other than the President, Vice-President, Secretary or Human Resource Officer, has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any agreement or assurances contrary to this policy. If employed, I understand that my employment is for no definite period of time, and if terminated, the Employer is liable only for wages and benefits earned as of the date of termination.

I also agree to have my photograph taken for identification purposes if hired.

I also agree to notify the Controller in writing of any changes in family status as they occur (including, but not limited to marriage, divorce, addition or death of a family member) in order to facilitate any necessary changes to any benefits I might be receiving or eligible to receive. I understand that failure to notify the Controller may result in a loss of benefits.

I have read and understand the above agreement and disclaimer.

Date

Signature