



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: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Education: High School \_\_\_\_\_  
Night School/College \_\_\_\_\_

Transportation? \_\_\_\_\_

Salary Requirements \_\_\_\_\_ per hour/per week  
(circle one)

\_\_\_\_\_  
(First) (Middle) (Last)

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: ( ) \_\_\_\_\_

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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In compliance with Federal and State equal opportunity employment laws, qualified applicants are considered for all positions without regard to race, religion, color, gender, national origin, age, marital status, or non-job related disability.

*Please complete this application thoroughly. Attach another sheet if more room is required for details.*

**Previous Addresses for last three years (most recent first)**

Street: 1) \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ How Long: \_\_\_\_\_  
 2) \_\_\_\_\_  
 3) \_\_\_\_\_  
 4) \_\_\_\_\_

**Please list all CDL licenses and/or permits for the last three years**

State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Please list the nature and extent of your experience operating different types of motor vehicles (e.g. Buses, Trucks, etc.)**

Type	Experience in Years and/or Miles Driven

Additional Information Attached

**Please list all motor vehicle accidents in which you were involved during the last three years**

Date	City/State	Nature of Accident	Fatalities	Injuries
			Y / N	Y / N
			Y / N	Y / N
			Y / N	Y / N

Additional Information Attached

Check here to certify that you have had no accidents in the last three years.

**Please list all violations (other than parking) for which you were convicted or forfeited bond/collateral during the last three years.**

Date	City/State	Charge	Penalty

Additional Information Attached

Check here to certify that you have had no such violations in the last three years.

**Please detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check here to certify that no such denial, revocation, or suspension has occurred.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the





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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.

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Date

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Signature

Signature