

Eastern Building Components

AN EQUAL OPPURTUNITY EMPLOYER

Application For Employment

Please Read Before Filling Out This Application

Office Use Only

Interview	Date	
Shift	Day	Night
Start	Date	
Orientation	Date	
Drug Test	Date	

Eastern Building Components does not discriminate in hiring or employment on the basis of race, color, sex, religion, disability, national origin, citizenship, or on the basis of age with respect to persons 18 years or older. No question on this application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. **Eastern Building Components intends to check and hold you responsible for the accuracy of the statements you make on this application.** This application will receive consideration for **thirty (30) days**. If you have not heard from Eastern Building Components within thirty days and wish to receive further consideration for employment, it will be necessary for you to request in writing that the company reactivate your application for another thirty (30) days.

Personal Data

Social Security Number _____

Name _____
(Last) (First) (Middle)

Are you 18 years or older? Yes No

Address _____
(Street) (City) (State) (Zip)

Telephone Number _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, explain _____
(A "yes" answer to this question does not necessarily preclude consideration for employment)

Educational Data

Circle Highest Grade Completed:

1 2 3 4 5 6 7 8 9 10 11 12
Grade, Junior High or High School

1 2 3 4 5
College or University

1 2 3 4
Graduate School

Type of School	Name of School	Location	Major Subject or Course of Study	Did You Graduate?
Junior High School				
High School				
College				
Business or Trade School				
Correspondence School				
Other (Specify)				
Graduate School				

List Degree(s) Obtained

Employment

Job applied for _____ Salary desired _____

Have you ever applied here before? _____ When? _____

Have you ever worked for this Company before? _____ When? _____

If yes, give the name(s) if different from the one given on this application _____

Are you available to work any shift? _____ Any day of the week? _____

If not, for what shifts and days are you available? _____

When could you report for work? _____

Work History

From (mo./yr.)	Company	Telephone <small>AREA</small> ()			Starting Salary \$ per
To (mo./yr.)	Address	City	State	Zip	Final Salary \$ per
Supervisor's Name/Title		Type of Business			If this is your current employer, may we contact?
Your Position/Title		Responsibilities/Duties			
Specific Reason for Leaving					

From (mo./yr.)	Company	Telephone <small>AREA</small> ()			Starting Salary \$ per
To (mo./yr.)	Address	City	State	Zip	Final Salary \$ per
Supervisor's Name/Title		Type of Business			
Your Position/Title		Responsibilities/Duties			
Specific Reason for Leaving					

From (mo./yr.)	Company	Telephone <small>AREA</small> ()			Starting Salary \$ per
To (mo./yr.)	Address	City	State	Zip	Final Salary \$ per
Supervisor's Name/Title		Type of Business			
Your Position/Title		Responsibilities/Duties			
Specific Reason for Leaving					

Relatives in Our Employment

Name	Relationship	Name	Relationship

Military

Branch of Service: _____ Dates of Service: _____

Duties in the service, including schools and training: _____

Special Skills

Check prior work experience:

Accounting	Accts Payable	General Ledger	CAD	Truck Repair
Forklift	Warehouse	Carpentry	Maintenance	Truck Driving
Saw Operation	Customer Service	Office Practices	Credit/Collections	Computer Skills

What knowledge, special technical or computer skills, and/or other qualifications have you acquired from employment or other experience? Include any specific equipment that you can proficiently operate.

List any first aid or emergency response training for which you are currently certified (give date of certification).

APPLICANT SHOULD ANSWER ONLY IF APPLYING AS A DRIVER:

Do you have your Commercial Drivers License? Yes, Class A B No

Check the types of vehicles you are qualified, through experience, to operate:

Passenger Vehicle Light Truck Heavy Truck or Tractor

Other _____

Driver's License Number _____ State _____ Expires _____

Has your license ever suspended or revoked? Yes No

How many convictions for moving violations within the past 3 years? _____

References

Give three references who are not relatives or former employers.

Name	Occupation	Years Known	Phone	Address

Affidavit

I authorize, without liability, investigation of all statements in this application.

I authorize all schools which I attended and all previous employers to furnish to the Company my record, reason for leaving and all information they may have concerning me, and hereby release them and the Company from all liability for any damage whatsoever arising therefrom.

I authorize my neighbors, friends or others with whom I am acquainted or who are acquainted with me to furnish the Company with information used in connection with the evaluation of my qualifications as a prospective employee. I release such persons and organizations from any legal liability in making such statements.

I understand that in event of my employment by the Company, it shall be sufficient cause for dismissal if any of the information I have given in this application is false or if I have failed to give any information herein requested. I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations. In the event of my employment by the Company, I agree to abide by all present and subsequently issued rules of the Company.

The Company conducts its business with the highest possible degree of safety and efficiency. As part of the preemployment process, the Company requires all applicants for employment to undergo blood and/or urinalysis to determine the presence of drugs and/or alcohol. If the results of the test are positive, no offer of employment will be extended. In addition, all employees of the Company are subject at any time to blood tests or urinalysis to determine the presence of drugs and/or alcohol.

In the event of a positive test, applicants have the right to have a second test of the same sample conducted by an approved laboratory at their expense.

Applicant Name Printed _____

Applicant Signature _____

Date _____