

APPLICATION FOR EMPLOYMENT



PERSONAL INFORMATION Complete all applicable information in ink – Please Print

Name (Full - Last, First, MI):					
Position(s) applied for:		Are you willing to work: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights			
Street Address:		City:	State:	Zip:	
Home Phone	Business Phone	Have you previously been employed by our company? <input type="checkbox"/> Yes <input type="checkbox"/> No Where?			
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		When could you start employment?			
Have you ever applied for employment with our company? <input type="checkbox"/> Yes <input type="checkbox"/> No When? Where?		Social Security Number:			

EMPLOYMENT HISTORY (List below last two employers, starting with the most recent one first)

Present or Last Position	Name of Company			From Mo/Yr	To Mo/Yr
Street Address:	City:		State:	Zip:	
Duties:		Reason for Leaving:			
Starting Annual Salary	Final Annual Salary	Bonus	Commission	May we contact your supervisor?	
Name of Supervisor	Title and Department of Supervisor			Phone Number of Supervisor	
Next Previous Position	Name of Company			From Mo/Yr	To Mo/Yr
Street Address	City:		State:	Zip:	
Duties:		Reason for Leaving:			
Starting Annual Salary	Final Annual Salary	Bonus	Commission	May we contact your supervisor?	
Name of Supervisor	Title and Department of Supervisor			Phone Number of Supervisor	

EDUCATION INFORMATION

High School or GED	Address	City	State	Highest Grade Completed:	Years attended:
College	Address	City	State	Degree	From-To
Graduate School	Address	City	State	Degree	From-To
Other	Address	City	State	Degree	From-To

SERVICE RECORD

Branch of Military-U.S.:	Type of Discharge:
Date of Discharge:	Rank at Discharge:
National Guard or Reserve?:	Date Obligation Ends:

IF YOU ARE APPLYING FOR A SALES POSITION:

What experience do you have in sales?
In what building commodities or products (e.g. doors, plywood, cabinets, etc.) do you have expertise? Describe also your source of experience.
Can you perform a materials take-off from a set of drawings?

IF YOU ARE APPLYING FOR A POSITION AS A DRIVER:

Driver's License Number:	State of Issue:	Expires:
CDL? A___ or B___ If yes, license number:	State of Issue:	Expires:
Have you ever had a driver's license suspended or revoked? ___Yes___No If yes, describe circumstances:		
Have you ever been refused issuance of a driver's license? ___Yes___No If yes, describe circumstances:		
Do you take any medication which might impair your ability to drive a vehicle? ___Yes___No If yes, describe:		
By signing this application, you understand that you must provide a copy of your driving record and you must pass a drug/alcohol test under Franklin Building Supply Drug Free Workplace Policy before you can be hired as a driver.		

IF YOU ARE APPLYING FOR A POSITION AS A FORKLIFT OPERATOR:

Driver's License Number:	State of Issue:	Expires:
Describe any experience you have in operating forklifts or other mechanized equipment:		
Have you ever been prohibited from operating forklifts or other mechanized equipment for any reason? ___Yes___No If yes, describe:		
Do you take any medication which might impair your ability to operate a forklift? ___Yes___No If yes, describe:		

IF YOU ARE APPLYING FOR A CLERICAL POSITION:

What business equipment can you operate? (For example computers, ten keys, etc.)		
Typing skills ___Yes___No Word/ Minute:	Ten Key Skills ___Yes___No Strokes/ Minute:	
In what computer software programs are you proficient ? [Name the package(s).]		

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ___Yes___No If yes, list the offense and explain:

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

<ul style="list-style-type: none">◆ In consideration of my employment, I agree to conform to the policies and procedure of the company. I understand that in accepting this application, the company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without cause, and with or without notice at any time.◆ I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omission of fact on either this application or during the pre-employment process will result in my application being rejected, or, if I am hired, in my employment being terminated.◆ I also understand that any offer of employment is conditioned on the completion of pre-employment test and documentation. I will, upon request, sign all necessary consent forms.◆ Franklin Building Supply is an equal opportunity employer.	
Date	Signature