

Don Abel Building Supply

Your Complete Building Supply & Tool Rental Center

APPLICATION FOR EMPLOYMENT

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.

Position(s) applied for _____ PLEASE PRINT _____ Date of application _____

HOW DID YOU LEARN ABOUT US?

- Advertisement Friend Walk-in
 Employment Agency Relative Other _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER(S) _____ SOCIAL SECURITY NUMBER _____

If you are under 18 years of age, can you provide required proof of your eligibility? 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? YES NO

Proof of citizenship or immigration status will be required upon employment.

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

Have you been convicted of a felony within the last 7 years? YES NO
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Employment Experience

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

Employer	Dates Employed		Work performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		Work performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		Work performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
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Employer	Dates Employed		Work performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Education

	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA / DEGREE
MIDDLE SCHOOL				
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE PROFESSIONAL				
OTHER (SPECIFY)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job related training received in the United States military.

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check skills/Equipment Operated

CRT

Fax

Production/Mobile
Machinery (list)

License #

PC

Calculator

Typewriter

WordPerfect

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

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the jobs or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES NO

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 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

FOR PERSONNEL DEPT. USE ONLY

Arrange Interview YES NO

Remarks _____

Employed YES NO Date of Employment _____

Hourly Rate/

Job Title _____ Salary _____ Dept. _____

By _____

NAME AND TITLE

DATE

NOTES: _____

