

DRUG FREE
WORKPLACE

Summit Building Supply

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summit@summitbuildingsupply.com

APPLICATION FOR EMPLOYMENT

DATE : _____

NAME: _____ PHONE: _____
FIRST MIDDLE LAST

ADDRESS: _____ HOW LONG? _____
STREET CITY ST ZIP

PREVIOUS ADDRESS: _____ HOW LONG? _____
STREET CITY ST ZIP

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

POSITION DESIRED _____ EXPECTED PAY _____

EXPERIENCE AND QUALIFICATIONS

MOST RECENT EMPLOYER: _____ PHONE _____

ADDRESS _____

POSITION HELD: _____ FROM _____ TO _____ PAY _____

REASON FOR LEAVING? _____

PRIOR EMPLOYERS _____ PHONE _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ PAY _____

REASON FOR LEAVING? _____

** If you have additional employment history to list, or references, you may include when you submit this application.

HAVE EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? _____

(If yes, explain: _____)

HAVE YOU EVER FAILED A DRUG OR ALCOHOL TEST? _____

HAVE YOU BEEN FIRED OR LET GO FROM PREVIOUS EMPLOYMENT? _____ IF YES,
EXPLAIN _____

EDUCATION

HIGH SCHOOL _____ ADDRESS _____

HIGHEST GRADE COMPLETED _____ YEAR COMPLETED _____

LIST COLLEGE OR TECH SCHOOL COURSES TAKEN BELOW:

SCHOOL NAME _____ ADDRESS _____

DEGREE(S) EARNED _____ MAJOR OR SPECIALTY _____

YEAR COMPLETED _____

LIST ADDITIONAL EDUCATION OR TRAINING CERTIFICATION BELOW:

YOU MAY ATTACH ADDITIONAL INFORMATION OR RESUME TO APPLICATION.

DRIVING EXPERIENCE (FOR DRIVER APPLICANTS)

CLASS OF EQUIPMENT YOU HAVE SIGNIFICANT EXPERIENCE OPERATING:

STRAIGHT TRUCK _____ TRACTOR-TRAILER _____ FORKLIFT _____ OTHER _____ (PLEASE EXPLAIN) _____

CURRENT DRIVERS LICENSE NUMBER _____ STATE HELD _____

IS THE LICENSE A COMMERCIAL LICENSE? _____ IF YES, WHICH CLASS _____

HAS YOUR LICENSE EVER BEEN REVOKED? _____ IF YES, EXPLAIN _____

LIST TRAFFIC VIOLATIONS FOR PAST THREE YEARS BELOW:

- 1) _____
- 2) _____
- 3) _____

HAVE YOU BEEN DENIED A LICENSE TO DRIVE AT ANY TIME OR HAD YOUR LICENSE REVOKE? _____ EXPLAIN IF YES _____

DO YOU HAVE ANY MEDICAL OR PHYSICAL CONDITIONS THAT PREVENT HEAVY LIFTING? _____

DO YOU CURRENTLY OR HAVE YOU EVER HAD BACK PROBLEMS? _____

APPLICANT MUST READ BELOW AND SIGN ONLY IF IN AGREEMENT WITH STATEMENT!

I CERTIFY THAT THE INFORMATION IN THIS APPLICATION WAS COMPLETED BY MYSELF AND IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING INACCURATE OR FALSE INFORMATION CAN LEAD TO TERMINATION OF EMPLOYMENT AT SUMMIT BUILDING SUPPLY IF SUCH INFORMATION IS DISCOVERED AFTER MY EMPLOYMENT WITH SAID COMPANY. I ALSO UNDERSTAND SUMMIT BUILDING SUPPLY REQUIRES PRE-EMPLOYMENT AND RANDOM DRUG TESTING OF EMPLOYEES AND A POSITIVE DRUG TEST WILL LEAD TO TERMINATION OF EMPLOYMENT. I AGREE TO ABIDE BY THESE CONDITIONS IF EMPLOYED AT SUMMIT BUILDING SUPPLY.

APPLICANTS SIGNATURE _____

DATE: _____