

CROSSLIN BUILDING SUPPLY, INC.

EMPLOYMENT APPLICATION

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or disability.

Name _____ Date _____

Address _____ Phone # _____

City _____ State _____ Zip _____ Social Security # _____

Birth date _____ Are you a US citizen? Yes No If no do you have legal status to work in the United States. Yes No (Please Circle)

Have you applied here before? Yes No When? _____ Position applied for? _____

Start When _____ Full time Part time Temporary Other _____

Employment Experience

Start with your present job or last job. Include military assignments and other volunteer activities.

Employer 1 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly wage _____

Employer 2 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly wage _____

Employer 3 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly wage _____

Education

Schools/Colleges Attended # Years Year Grad. Degree

Describe any special qualifications for this job

Drivers License/La. ID # _____ State _____ Expiration _____

Are you a veteran of the U.S. Military? Yes _____ No _____

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination. I authorize the employer to do background screening and authorize employer to do pre-employment and random drug testing.

Signature _____ **Date** _____

References

Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____