



Application for Employment

POSITION APPLIED FOR _____

DATE OF APPLICATION _____

PERSONAL			
FULL NAME	FIRST MIDDLE LAST	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	STREET CITY STATE ZIP	HOW LONG	HOME TELEPHONE #
PREVIOUS ADDRESS	STREET CITY STATE ZIP	HOW LONG	CELLULAR TELEPHONE #
ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH THE COMPANY OR ITS DIVISIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME OF RELATIVE:			
HAVE YOU EVER WORKED FOR THE COMPANY OR ITS DIVISIONS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE? APPROXIMATE DATE: MO/YR.			
HOW WERE YOU REFERRED?			
GENERAL INFORMATION			
ARE YOU UNDER THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT, PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO (A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. FACTORS SUCH AS JOB RELATIONS, AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF VIOLATION AND REHABILITATION WILL BE TAKEN INTO ACCOUNT) IF YES, PLEASE EXPLAIN:			
HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:			
DATE AVAILABLE FOR WORK?	AVAILABLE FOR OVERTIME?	SALARY DESIRED?	

EMPLOYMENT HISTORY

THIS SECTION MUST BE COMPLETED EVEN IF RESUME IS ATTACHED. PROVIDE INFORMATION FOR YOUR PAST AND CURRENT EMPLOYERS, MILITARY SERVICE, OR VOLUNTEER ACTIVITIES STARTING WITH THE MOST RECENT.

EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)	
	MO.	YR.				
ADDRESS	TO		\$	DESCRIBE YOUR JOB DUTIES		
	MO.	YR.				
CITY, STATE, ZIP			\$			NAME & TITLE OF IMMEDIATE SUPERVISOR
PHONE NO.	MAY WE CONTACT EMPLOYER?					
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [] YES [] NO	

EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)	
	MO.	YR.				
ADDRESS	TO		\$	DESCRIBE YOUR JOB DUTIES		
	MO.	YR.				
CITY, STATE, ZIP			\$			NAME & TITLE OF IMMEDIATE SUPERVISOR
PHONE NO.	MAY WE CONTACT EMPLOYER?					
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [] YES [] NO	

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ADDRESS	TO		\$	DESCRIBE YOUR JOB DUTIES		
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PHONE NO.	MAY WE CONTACT EMPLOYER?					
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [] YES [] NO	

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	MO.	YR.				
ADDRESS	TO		\$	DESCRIBE YOUR JOB DUTIES		
	MO.	YR.				
CITY, STATE, ZIP			\$			NAME & TITLE OF IMMEDIATE SUPERVISOR
PHONE NO.	MAY WE CONTACT EMPLOYER?					
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [] YES [] NO	

EDUCATION					
EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	[] YES [] NO	
COLLEGE			1 2 3 4	[] YES [] NO	
GRADUATE SCHOOL			1 2 3 4	[] YES [] NO	
BUSINESS, TRADE OTHER			1 2 3 4	[] YES [] NO	

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

LIST ANY SPECIAL SKILLS, TRAINING, LICENSES, AND OR CERTIFICATES YOU POSSESS THAT WILL AID IN PERFORMING THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING (I.E. FORK LIFT CERTIFICATION)

PERSONAL OR BUSINESS REFERENCES (do not list relatives)		
NAME	NAME	NAME
ADDRESS	ADDRESS	ADDRESS
PHONE	PHONE	PHONE
POSITION	POSITION	POSITION
YEARS KNOWN	YEARS KNOWN	YEARS KNOWN

NOTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

- I understand that an offer of employment with US LBM Holdings, LLC or its subsidiaries (hereinafter referred to collectively as "US LBM") does not constitute a contract of employment for any definite duration. I understand that if I become employed by US LBM, such employment is "at will" and can be terminated with or without cause at any time at the discretion of US LBM.
- I authorize an investigation of all matters concerning my past employment, credit, criminal convictions, character or other activities; and the issuance of any information by any person, company or corporation with respect to any of the above, including the issuance of credit reports or other statements which may be furnished or obtained concerning my background at any time. I release from any and all liability and responsibility all persons, companies and corporations supplying such information and US LBM and its agents in obtaining and using the same.
- I understand that I am required to abide by all policies, rules and regulations of US LBM including all applicable safety rules and regulations and further acknowledge that my failure to follow such shall be grounds for my immediate termination. I understand that US LBM's rules and regulations may be modified at any time, with or without notice.
- I understand and agree that any false, misleading or incomplete information given in my application, résumé, interview(s) or other pre-employment questionnaires or procedures, regardless of when discovered by US LBM, may disqualify me for employment or, if employed, may result in my immediate termination. I agree that US LBM shall not be liable in any respect if I am not hired or my employment is terminated as a result of providing such false, misleading or incomplete information.

- I understand that if I am offered a position at US LBM, I will be required to take a drug test prior to beginning work. I understand that a positive test result will result in my disqualification for further consideration for employment. I also understand that if I refuse to take the test, I will receive no further consideration for employment.
- I hereby certify that I am able to perform, with or without reasonable accommodations, the essential job functions of the position for which I am apply. Any time after a conditional offer of employment or during employment, if hired, I authorize any physician or health care provider to release information advising US LBM: (i) what reasonable accommodations, if any, are required to meet the essential job functions of the position and (ii) whether I can perform the job without posing a direct threat to the health or safety of myself or others.
- I understand that employment is subject to verification of all information contained in this application or other pre-employment questionnaires or interviews, including, but not limited to, verification of applicable lawful age and legal right to remain permanently in, and to work in, the United States, as provided under applicable law. I agree to furnish such additional information and complete such examinations as may be required to complete my employment file and to verify the information contained therein.

I hereby acknowledge that I have read and understand all of the information written above and agree to the terms therein. I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for immediate termination.

APPLICANT SIGNATURE _____ DATE _____

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