



EXTERIORS & OUTDOORS

Date _____ Application for Employment

Full Name

Last: _____ First: _____ Middle: _____

Address: _____ City: _____ State: _____

Zip: _____

Social Security Number: _____ Date of Birth: _____

Position applied for: _____ Cell Phone: _____ Alt Phone: _____

Email Address: _____ Marital Status: _____

Addresses for last three years:

Address _____ Dates: _____

Address _____ Dates: _____

Address _____ Dates: _____

Emergency Contacts:

Name: _____ Phone Number: _____

Relationship: _____

Name: _____ Phone Number: _____

Relationship: _____

To be read and be signed by applicant

This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge. I authorize Builder's Stone and Supply to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I release employers, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. 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 company.

Date:

Applicant's Signature:

OFFICE USE:

PAY RATE:

POSITION:

AUTHORIZED BY:

If applying for a driving position you must include the last 10 years of employment

Other trainings, skills, and

Qualifications: _____

If applying for a position that would require driving a company vehicle please complete the following section below

Experience and qualifications-Drivers

Driver's License Number: _____ Class: _____ State: _____ EXP Date: _____

Traffic Convictions other than Parking Violations

Location: _____ Date: _____ Charge: _____ Penalty: _____

Location: _____ Date: _____ Charge: _____ Penalty: _____

Location: _____ Date: _____ Charge: _____ Penalty: _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes ____ No ____

Has any license, permit or privilege ever been suspended or revoked? Yes ____ No ____

Driving Experience (Van, Tanker, Flat, Etc.)

Class of Equipment	Type of Equipment	Dates	Number of Miles
Straight Truck			
Tractor & Semi Trailer			
Other			
Other			

Accident Record for the Past three years: (Head-on, Rear-end, Overturn, etc.)

Occurrence	Date	Nature Of Accident	Fatality (Y/N)	Injury (Y/N)
Last Accident				
Next Previous				
Next Previous				