

NORTHERN BUILDING SUPPLY, LLC

Application For Employment

Mail or Fax Application to:

1701 W. South Airport Rd.
Traverse City, MI 49686
P (231) 947-1400
F (231) 946-4825

1480 S. West Bay Shore Dr.
Suttons Bay, MI 49682
P (231) 271-0010
F (231) 271-6343

An Equal Opportunity Employer

You will be considered for all positions without regard to race, color, religion, weight, height, sex, national origin, marital status, veteran status, the presence of a non-job-related medical condition or disability, or any other protected status required by law.

PERSONAL INFORMATION

Name (last, first, middle) _____

Date _____

Present Address (street, city, state, zip) _____

How long at
this address?

Home Telephone

Social Security Number

Drivers License Number

()

/ /

Position you are applying for:

Desired Salary

Can you travel if required?

\$

() Yes () No

Are you under 18 years of age?

() Yes () No

If under 18, can you provide a work permit?

() Yes () No

Applying for: () Full-time

() Part-time () Temporary

Are you currently employed?

() Yes () No

If employed, why do you wish to change?

Have you applied for employment here before?

() Yes () No

Have you ever been employed by our company?

() Yes () No

Do you have experience in the building
materials industry? () Yes () No

On what date would you be available to start work?

How did you learn about this company?

EMPLOYMENT HISTORY

If records are under a different name, please provide name for reference purposes, starting with present or last employer. List all employment including part-time or temporary positions.

Employer	Phone ()	Dates Employed	
		From:	To:
Address (include city, state & zip)	Beginning Salary \$		
	Ending Salary \$		
Name of Supervisor	Reason for leaving		
Title & duties at beginning of employment	Title & duties at end of employment		

Employer	Phone ()	Dates Employed	
		From:	To:
Address (include city, state & zip)	Beginning Salary \$		
	Ending Salary \$		
Name of Supervisor	Reason for leaving		
Title & duties at beginning of employment	Title & duties at end of employment		

Employer	Phone ()	Dates Employed	
		From:	To:
Address (include city, state & zip)	Beginning Salary \$		
	Ending Salary \$		
Name of Supervisor	Reason for Leaving		
Title & duties at beginning of employment	Title & duties at end of employment		

Use additional sheet if necessary

REFERENCES

Give the name, address and phone number of three references not related to you.

Name and Occupation	Address	Telephone Number
		()
		()
		()

PERSONAL INFORMATION (continued)

May we contact your present and previous employers?
 Yes No

Have you been convicted of a felony in the last 7 years?
 Yes No

To comply with laws concerning the employment of illegal aliens,
 can you provide proof of employability?

Yes No

Proof of citizenship or immigration status will be required upon employment

EDUCATION

Type of School	Name & Location	Major Field of Study	Did you Graduate?	Letter Grade or GPA
High School Last Attended			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

List professional, trade, business, or civic activities and offices held. You may exclude membership that would reveal sex, race, religion, national origin, age, ancestry, or any other protected status.

SPECIAL SKILLS AND QUALIFICATIONS

Check skills/equipment operated:

Lift Truck Table Saw Radial Arm Saw Panel Arm Saw Planer Band Saw
 Jointer Calculator Fax Machine Computer Keyboarding Typewriter Laminating
 Drafting Blueprinting Estimating

Computer Programs: Office 97 Excel Word Microsoft Publisher Access Outlook
 Dimensions Unix

List additional equipment you can operate:

MILITARY STATUS

U.S. Military Service? Yes No

Branch of Service	Rank Held		Nature of Duties
	Entry	Release	

What specialized training did you receive?

Do you have a reserve or National Guard obligation?
 Yes No

If you have a National Guard obligation, please describe:

DRIVER INFORMATION

NOTE: Only individuals applying for positions as drivers need to complete this section

EXPERIENCE AND QUALIFICATIONS

	State	License Number	Type	Expiration Date
Drivers Licenses				

DRIVING EXPERIENCE (List all types of equipment driven)

Type of Equipment (van, flat, semi, etc.)	Dates		Approximate # of Miles Driven (total)
	From	To	

ACCIDENT RECORD

Date(s)	Type of Accident (head-on, rear-end, etc.)	Fatalities	Injuries
		() Yes () No	() Yes () No
		() Yes () No	() Yes () No
		() Yes () No	() Yes () No

TRAFFIC CONVICTIONS

List all convictions and forfeitures for the past 3 years (other than parking violations)

Location (city & state)	Date	Charge	Penalty

DRIVER INFORMATION (continued)

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

2) Has your license, permit or privilege to drive ever been suspended or revoked? () Yes () No

If the answer to either question is yes, list details.

Date of Birth: (Driver's Only)

I understand that by law, the company requires all persons applying for a truck driving position of vehicles 26,001 pounds or more, must undergo a pre-employment drug test. I understand that refusal to undergo this test will be considered a withdrawal of my application for employment. I also understand that if the test discloses the presence of a foreign substance, I will be denied employment.

Please Initial

NOTICE TO APPLICANTS

We welcome your application for employment. We realize that much of the information contained in your application can change. We will keep your application on file in an active status for a period of thirty (30) calendar days from today.

Should you wish to keep your application active, please contact us, either in person, or at (231) 271-0010 to update the information in your application and inform us of your desire to keep your application active. Should we not hear from you within the thirty-day period, we will keep your application, but it will be placed on inactive status.

Thank you.

I understand that if hired, my employment will be "at will" and that either I or the company may terminate the employment relationship at any time with or without cause and with or without notice. I further understand that this employment relationship may not be modified by verbal statements, customs, practices, or written documents unless such modification is in writing and signed by an authorized representative of the company.

Name of Applicant (please print)

Signature

Date

In connection with my application for employment, I authorize this prospective employer to contact any or all previous employers to discuss my employment history, including reasons for termination of past employment. I also authorize this prospective employer to obtain a copy of my driving record from the Michigan Secretary of State or from the Secretary of State's office in those states in which I held previous employment. I also authorize this prospective employer to confirm any or all information contained in this employment application. I certify that all information on this application is true and complete to the best of my knowledge and I understand that falsification of any information on this application will be grounds for immediate discharge.

Signature of Applicant

Date

DO NOT WRITE IN THIS AREA: FOR HR USE ONLY

Interviewed by: _____ Date: _____

"At Will" employment explained by: _____ Date: _____

Hired? () Yes () No Position: _____ Hourly rate/ salary: _____

Starting Date: _____ Approved By: _____

- 1. Does Not Meet Stated Qualifications per Job Announcement
- 2. Excluded from Selection Process at Interview
- 3. Excluded from selection process at written examination
- 4. Offer extended, but rejected
- 5. Offer extended and hired
- 6. No position available
- 7. Referred

*** PLEASE CHECK REASON FOR NOT HIRING***