



“Big enough to have what you need, small enough to care you came by”™

Don Abel Building Supply is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, Nat'l origin, age, disability or marital status or any other legally protected status.

Position(s) applied for PLEASE PRINT date of application

Last Name First Name Middle Name

Mailing Address City State Zip Code

Telephone Number(s) Social Security Number

	Yes	No
If you are under 18 years of age can you provide required proof of your eligibility?	___	___
Have you filed an application with us before?	___	___
Have you ever been employed with us before?	___	___
Are you currently employed?	___	___
May we contact your current employer?	___	___
Are you prevented from becoming legally employed in this country because of Visa or Immigration status? <i>Proof of citizenship or immigration status will be required upon employment</i>	___	___
On what date are you available for work?	_____	
Are you available to work:	Full time:_____	Part Time:_____
	Temporary:_____	
Are you currently on “lay off” status and subject to recall?	___	___
Have you been convicted of a felony in the last 7 years? <i>Conviction will not necessarily disqualify an applicant from employment</i>	___	___
If Yes, please explain:	_____	

Employment Experience

Most Recent Employer	Dates Employed	Work Performed
_____	From:_____ To:_____	_____
Address	Hourly Rate/Salary	_____
_____	Starting: \$_____ Final: \$_____	_____
Telephone Number(s)	Job Title(s)	_____
_____	_____	_____
Supervisor		Reason for Leaving
_____		_____

Employer	Dates Employed	Work Performed
_____	From: _____ To: _____	_____
Address	Hourly Rate/Salary	_____
_____	Starting: \$ _____ Final: \$ _____	_____
Telephone Number(s)	Job Title(s)	_____
_____	_____	_____
Supervisor		Reason for Leaving
_____		_____

Employer	Dates Employed	Work Performed
_____	From: _____ To: _____	_____
Address	Hourly Rate/Salary	_____
_____	Starting: \$ _____ Final: \$ _____	_____
Telephone Number(s)	Job Title(s)	_____
_____	_____	_____
Supervisor		Reason for Leaving
_____		_____

Employer	Dates Employed	Work Performed
_____	From: _____ To: _____	_____
Address	Hourly Rate/Salary	_____
_____	Starting: \$ _____ Final: \$ _____	_____
Telephone Number(s)	Job Title(s)	_____
_____	_____	_____
Supervisor		Reason for Leaving
_____		_____

List Professional, trade and/or Civic Offices held (you may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Education:				
	Name & Location	Course of Study	Years Completed	Diploma/Degree
High School:	_____	_____	_____	_____
Undergraduate College:	_____	_____	_____	_____
Graduate Professional:	_____	_____	_____	_____

Describe and specialized training, apprenticeship, skills or job related training (including United States Military)

Do you have
Forklift Certification? _____ CDL? _____ CDL License Class? _____

Is there any additional information you feel would be beneficial to us when considering your application?

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without reasonable accomodation, the activities involved in the jobs or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES: _____ No: _____

References:

1. Name: _____ Phone number(s): _____
Address: _____

2. Name: _____ Phone number(s): _____
Address: _____

3. Name: _____ Phone number(s): _____
Address: _____

Applicants Statement:

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment may be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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 employer.

Signature of Applicant

_____/_____/_____
Date

Notes:

