



**DRYWALL
SUPPLY**

14235 42nd St NE, St. Michael, MN 55376
Phone/Fax: (763) 447-3384
Email: employment@drywall-supply.com
drywall-supply.com

EMPLOYMENT APPLICATION

In compliance with Federal and State Equal Employment Opportunity laws, We do not discriminate based upon race, religion, color, national origin, gender (including pregnancy, childbirth, or related medical conditions), sexual orientation, gender identity, gender expression, age, status as a protected veteran, status as an individual with a disability, or other applicable legally protected characteristics.

TO BE READ AND SIGNED BY APPLICANT

I authorize you 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. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). I hereby release employers, schools, 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.

I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

FOR COMPANY USE

Process Record

Applicant Hired Applicant Rejected (if rejected, summary report of reasons should be placed in file)

Date Employed _____ Point Employed _____

Department _____ Classification _____

Signature of Interviewing Officer _____

Termination of Employment

Termination Date _____ Department released from _____

Dismissed Voluntarily Quit Other _____

Termination report in file

Supervisor _____

APPLICANT INFORMATION

(answer all questions – please print)

Position(s) Applied for _____ Date _____

Name _____ Social Security No. _____

Last First Middle

Email address: _____

List your addresses of residency for the past 3 years

Current Address _____

Street City

_____ Phone _____ How Long? _____
State Zip Code yr/mo

Street City

_____ Phone _____ How Long? _____
State Zip Code yr/mo

Previous _____
Addresses *Street City*

_____ Phone _____ How Long? _____
State Zip Code yr/mo

Street City

_____ Phone _____ How Long? _____
State Zip Code yr/mo

Are you a citizen of the United States? Yes No

Are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? Yes No If yes, when? _____ Location _____

Dates From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you currently employed? Yes No If no, how long since leaving last employment? _____

Who referred you to Drywall Supply? _____ Rate of pay expected _____

Have you ever been bonded? Yes No Name of bonding company _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? (as described in the attached job description) Yes No

If yes, explain if you wish. _____

EMPLOYMENT HISTORY

List employers in reverse order starting with the most recent

Employer

Name _____ Date
From: _____ To: _____
mo/yr mo/yr

Address _____ Position Held _____

City _____ State _____ Zip _____ Salary/wage _____

Contact person _____ Phone _____

Reason for leaving _____

Employer

Name _____ Date
From: _____ To: _____
mo/yr mo/yr

Address _____ Position Held _____

City _____ State _____ Zip _____ Salary/wage _____

Contact person _____ Phone _____

Reason for leaving _____

Employer

Name _____ Date
From: _____ To: _____
mo/yr mo/yr

Address _____ Position Held _____

City _____ State _____ Zip _____ Salary/wage _____

Contact person _____ Phone _____

Reason for leaving _____

REFERENCES

Name _____
Company _____
Address _____
Phone _____ Relationship _____

Name _____
Company _____
Address _____
Phone _____ Relationship _____

Name _____
Company _____
Address _____
Phone _____ Relationship _____

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.

In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

I also acknowledge that my employment may be terminated, or any offer of acceptance of employment withdrawn, at any time with or without cause and with or without prior notice at the option of the company or myself.

Signature _____ Date _____

DRUG TEST CONSENT FORM

Notice and Authorization for Employee Drug Testing

As a matter of policy and to help ensure a safe work environment free of the use of illegal drugs that may impair an employee's ability to perform the essential functions of the position, Drywall Supply, Inc. requires a pre-employment drug screen for new hires.

A positive test result generally will disqualify you from employment or consideration from employment at Drywall Supply, Inc. for a period of six (6) months, from the date the notice of the positive result was received.

Submitting an altered urine sample or refusing to be tested will be treated as a positive test result.

Consent Agreement and Release of Liability

I have read, understand, agree, and consent to Drywall Supply, Inc. policy as stated above.

I AUTHORIZE Drywall Supply, Inc.'s agent(s) to collect a specimen(s) of my urine for chemical analysis.

I UNDERSTAND that decisions regarding my employment at Drywall Supply, Inc. may be made based on the result of this test.

I CONSENT to this test for drugs and authorize the attending physician or laboratory technician and testing laboratory to provide test results to Drywall Supply, Inc. in consideration for review of my employment, I hereby release Drywall Supply, Inc. its affiliates, agents, officers, managers and employees from any liability result from employment decisions made from the results of this test.

Employee Signature _____ Date _____

Printed Name _____