

PROVIDENCE BUILDING SUPPLY LLC
 796 Lancaster Pike
 Quarryville, PA 17566

Phone: (717) 287-5880
Email: carrie@providencebuildingsupply.com
Web: www.providencebuildingsupply.com



Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for		Birthdate	
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have a valid driver's license?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, what is your driver license number?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()

Address			
PREVIOUS EMPLOYMENT (NOTE: DOT REQUIRES AT LEAST 3 YRS EMPLOYMENT)			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVERS LICENSES

STATE	LICENSE #	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPEMT	TYPE OF EQUIP (VAN, TRUCK, FLAT, ETC)	DATES: FROM	DATES: TO	APPROX # MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI TRAILER				
TRACTOR – 2 TRAILERS				
OTHER				

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS
NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	FATALITIES	INJURIES

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN
PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

YES NO

B. Has any license, permit, or privilege ever been suspended or revoked?

YES NO

****IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS**

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

FROM: _____

TO: _____ DATE: _____

SOCIAL SECURITY #: _____

_____ has made application to this company for a position as Driver/Laborer and states that he/she was employed by you as _____

from _____. Will you please reply to the inquiry below respecting this applicant? Your reply will be held in strict confidence and will in no way involve you in any responsibility. For your convenience in replying by return mail, we have enclosed a stamped self-addressed envelope.

Very truly yours,

Safety Department

1 Is the employment record with your company correct as stated above? _____

2 What kind(s) of work did the applicant do? _____

3 Did the applicant drive motor vehicles for you? Passenger car, Straight truck, Bus, Tractor - Semitrailer, Other (specify) _____

4 Was the applicant a safe and efficient driver? _____

5 Give dates of vehicle accidents in which he/she was involved. _____

6 Reason for leaving your employ: Discharged, Laid off, Resigned

Remarks: _____

7 Was the applicant's general conduct satisfactory? _____

8 Is the applicant competent for the position sought? _____

9 Did the applicant drink any alcoholic beverages while on duty? _____

	EXCELLENT	GOOD	FAIR	POOR	VERY POOR
Quality of Work					
Cooperation with Others					
Safety Habits					
Personal Habits					
Driving Skill					
Attitude					

REMARKS: _____

Date: _____ Signature: _____

Name of Company: _____

(Detach here for your records)

_____ Date: _____

(Name of Former Employer)

You are hereby authorized to give to _____

(Name of Prospective Employer)

all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to the above named company.

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FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

ID Number