

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer. It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a resume, but all questions must be answered.

PERSONAL INFORMATION

Name			
Address	City	State	Zip
Phone Number	Email Address		
Are you legally eligible to work in the US? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you employed now? YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, may we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	

POSITION

Position you are applying for	Available start date	Desired Pay
Employment desired FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> DAYS <input type="checkbox"/> WEEKENDS <input type="checkbox"/> 2 nd SHIFT <input type="checkbox"/>		

EDUCATION

School Name	Location	Years Attended	Degree Received	Major

SPECIAL SKILLS

List any special skills or experience that you feel would help you in the position that you are applying for (computer, driver's license certifications, etc.)

REFERENCES

Please list three professional references not related to you, with full name, address, phone number and relationship, whom you have known at least one year. If you don't have three professional references, then list personal, unrelated references.

Name	Address/City/State	Phone	Relationship

WORK HISTORY Start with your most recent employment and work

JOB TITLE # 1	Start Date (mo/day/yr)	End Date (mo/day/yr)	Reason for Leaving	
Company Name		Supervisor's Name	Phone Number	
City	State	Zip	Starting Salary	Ending Salary

Duties:

JOB TITLE #2	Start Date (mo/day/yr)	End Date (mo/day/yr)	Reason for Leaving	
Company		Supervisor's Name	Phone Number	
City	State	Zip	Starting Salary	Ending Salary

Duties:

JOB TITLE #3	Start Date (mo/day/yr)	End Date (mo/day/yr)	Reason for Leaving	
Company		Supervisor's Name	Phone Number	
City	State	Zip	Starting Salary	Ending Salary

Duties:

SIGNATURE DISCLAIMER

I certify that my answers are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize Fendt Builder's Supply, Inc. to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character, and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employees, and all references above from all claims, demands, or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or Fendt Builders Supply, Inc. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing by an authorized Company Representative.

I understand that acceptance of this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies, and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

Name (please print): _____

Signature: _____

Date: _____