

**EMPLOYMENT HISTORY – List previous employers starting with the most recent
(attach a separate sheet if necessary – we do not accept only resume information)**

COMPANY NAME _____
& ADDRESS _____
Name and title of Immediate Supervisor: _____ PHONE # _____
Employed: From _____ To _____ Salary: Start _____ Last _____ FAX # _____
Position: Start _____ Last _____ Main Duties: _____
Reason for leaving: _____

COMPANY NAME _____
& ADDRESS _____
Name and title of Immediate Supervisor: _____ PHONE # _____
Employed: From _____ To _____ Salary: Start _____ Last _____ FAX # _____
Position: Start _____ Last _____ Main Duties: _____
Reason for leaving: _____

COMPANY NAME _____
& ADDRESS _____
Name and title of Immediate Supervisor: _____ PHONE # _____
Employed: From _____ To _____ Salary: Start _____ Last _____ FAX # _____
Position: Start _____ Last _____ Main Duties: _____
Reason for leaving: _____

COMPANY NAME _____
& ADDRESS _____
Name and title of Immediate Supervisor: _____ PHONE # _____
Employed: From _____ To _____ Salary: Start _____ Last _____ FAX # _____
Position: Start _____ Last _____ Main Duties: _____
Reason for leaving: _____

U.S. MILITARY

Branch of Service _____ From _____ To _____
(Army, Navy, Air Force, Marines, etc.)
Type of training and duty while in service _____

PLEASE NOTE: Applicant agrees to the following conditions of employment:

If hired, I will receive the Spenard Builders Supply PRO Services Drug and Alcohol Free Workplace Summary. Additionally, I will receive the Spenard Builders Supply PRO Services Employee Handbook and agree to fully and completely read it. I agree to abide by the guidelines and policies outlined in the handbook. I understand that neither this handbook nor any other communication by a management representative is intended to, in any way, create a contract of employment: permanent or for a specific period of time. I further understand that my employment can be terminated at any time, with or without notice or cause, at the option of either the company or myself.

I swear all statements in this application are complete, true and correct. If any information is false or there are material omissions, I understand it shall be grounds for termination. I understand employment may be contingent upon verification of identity and eligibility to work in the United States. I hereby authorize Spenard Builders Supply PRO Services to solicit information regarding my character including but not limited to credit or criminal history and previous employment. Additionally, I authorize Spenard Builders Supply PRO Services to release my employment information, including but not limited to performance appraisals, safety and attendance records to any future prospective employer. I release all parties and persons including past and present employers connected with the solicitation and release of such information from all claims, liabilities and damages for any reason arising out of furnishing such information.

Signature of Applicant _____ Date: _____

**Spenard Builders Supply
PRO Services
APPLICATION FOR EMPLOYMENT**

An Equal Opportunity Employer

QUALIFIED APPLICANTS RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT DISCRIMINATION BECAUSE OF SEX, MARITAL STATUS, RACE, COLOR, CREED, NATIONAL ORIGIN, AGE OR THE PRESENCE OF A DISABILITY

CONDITIONS OF EMPLOYMENT ARE STATED AT THE END OF THIS FORM PLEASE READ CAREFULLY BEFORE YOU SIGN THIS APPLICATION. FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED REASON FOR TERMINATION

Notice to applicants: All employees are subject to drug and alcohol testing. If you use, possess or distribute illegal drugs do not bother to apply.

Name _____ Date: _____
Last First Initial

Present Address _____
Street City State Zip Phone No

Home phone _____ Cell phone _____ Message phone _____

Position or type of employment desired: _____

Available for: Full Time _____ Part Time _____ Temporary/Seasonal _____ Day-Shift _____ Night-Shift _____ Date Available: _____

If necessary, can you work evenings and/or weekends? Yes ___ No ___

Rate of Pay Expected _____ Social Security Number _____

Why would you like to work for Spenard Builders Supply PRO Services? _____

Please describe what type of work you like best: _____

Can you perform the essential functions of the job for which you are applying, with or without reasonable accomodations? Yes ___ No ___
 (please review job announcement for required physical qualifications)

Do you possess a valid driver's license? Yes ___ No ___ License Number _____ State _____

Do you possess a valid CDL? Yes ___ No ___ Class/Endorsement? _____

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

Names of friends and/or relatives employed by Spenard Builders Supply PRO Services _____

Have you ever worked for Lanoga Corporation? Please circle the one(s) that apply. (Lumbermen's Building Centers; Spenard Builders Supply; United Building Centers; Home Lumber, Dixieline) This information will help establish service years.

EDUCATION

	School Name & Address	Number of Years Attended	Major Subject	Graduate? Yes No Give Degree
High School				
College				
College				
Graduate School				
Business Trade, Other				

Do you plan further education? Yes ___ No ___

SKILLS (Please Check)

If yes, please explain _____

- DATA ENTRY
- TEN KEY BY TOUCH
- TRUCK DRIVING
- HAZ MAT

- TYPING – WPM
- WORD PROCESSING
- OTHER
- FORKLIFT OPERATION
- CARPENTRY

Please comment about your abilities, interests, training or special qualifications _____

PLEASE COMPLETE REVERSE SIDE