

GABRIEL BUILDING SUPPLY



Lumber Plus

510 West Pine Street
 Ponchatoula, LA 70454
 Phone: (985) 386-3525
 Fax: (985) 386-0862
 hrdept@gabrielbuildingsupply.com

APPLICATION FOR EMPLOYMENT

Must be filled out in it's entirety

Date: _____

First Name _____	Last Name _____	M.I. _____
Address _____	City _____	State _____ Zip _____
Telephone _____	Location Applying for: <input type="checkbox"/> Ponchatoula <input type="checkbox"/> Amite	

Have you applied for employment with us before?	No _____	Yes _____	If Yes, when? _____
Do any of your friends or relatives work here?	No _____	Yes _____	If Yes, who? _____
Are you 18 years of age or older?	No _____	Yes _____	
Do you have the legal right to be employed in the U.S.?	No _____	Yes _____	
Have you ever been convicted of a felony?	No _____	Yes _____	
If yes, please explain: _____			

Education

<u>School</u>	Name & Location	Year Completed
Jr. High		
High School		
Higher Education		

Special Training/Certifications: _____

Are you currently employed?	No _____	Yes _____	
Can We Contact Your Present Employer?	No _____	Yes _____	
How soon could you start?	_____		
What are your salary requirements?	_____		
Do you have reliable transportation?	No _____	Yes _____	
Are you interested in a full-time or part-time position?	_____		Can you work Weekends? _____

Employment History

This section must be completed in its entirety, even if you are submitting a resume.

(Begin with your present or last job)

Company Name::	Telephone:	Name of Supervisor:
Address		Dates Employed (Month/Year) From: To:
Position	Hourly Rate / Salary Start Final	
Duties	Reason for Leaving:	

Company Name::	Telephone:	Name of Supervisor:
Address		Dates Employed (Month/Year) From: To:
Position	Hourly Rate / Salary Start Final	
Duties	Reason for Leaving:	

Company Name::	Telephone:	Name of Supervisor:
Address		Dates Employed (Month/Year) From: To:
Position	Hourly Rate / Salary Start Final	
Duties	Reason for Leaving:	

Drivers with Gabriel Building Supply are required to:

- ◆ Complete an employment application
- ◆ Sign the "Driver's Release Information Form"
- ◆ Furnish a copy of a state issued driving record from the past three (3) years
- ◆ Possess a valid chauffeur's license
- ◆ Possess a valid Medical Examiner's Certificate (medical card)
- ◆ Submit to pre-employment DOT compliant alcohol and drug tests

Applicant's Statement

" I do hereby certify that tall the answers and information provided in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained as may be necessary in arriving at an employment decision. I further authorize permission to release the information contained in my employment record to Gabriel Building Supply, and release the company from all liability for any damage that may result form utilization of such information. I understand that in the case of employment, that false or misleading information given in my application or interview(s) may result in discharge."

Signature of
Applicant

Date