

APPLICATION FOR EMPLOYMENT

Porters Building Centers, Inc
PO Box 1330
Kearney, MO 64073
816-903-6580

Location _____ <input type="checkbox"/> Resume <input type="checkbox"/> Reference Checks <input type="checkbox"/> Interview record <input type="checkbox"/> Payroll/Status Change Notice

**APPLICANT TO COMPLETE ALL INFORMATION REQUESTED
PLEASE PRINT**

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard To race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Date _____

Name _____

Present Address _____

Previous Address _____

Telephone Number (____) _____ Email Address _____

Do you have a legal right to be employed in the United States? _____

Are you over the age of 18? _____

COMPANY EXPERIENCE

Have you worked for this company before? _____ Dates: From _____ To _____

Where? _____ Rate of Pay _____ Position _____

Reason for leaving _____

GENERAL

Are you currently employed? _____ If not, when was your last day employed? _____

Position applying for _____ Full time _____ Part time _____ Temporary _____ Seasonal _____

Who referred you? _____ Rate of pay expected _____

EDUCATIONAL BACKGROUND

Type of School	Name and City	Did you Graduate	Course of Major
College			
Technical School			
High School			
Other			

LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

Company Name	Dates Worked		Postion(s) Held
Address, City, State, Zip	From	To	
Phone Number ()			Duties and Responsibilities
Type of Business			
Name of Supervisor			Reason for Leaving
Base Starting Wage Ending/Current Gross <input type="checkbox"/> Hour <input type="checkbox"/> Hour Income \$ <input type="checkbox"/> Year \$ <input type="checkbox"/> Year			Work Hours:

Company Name	Dates Worked		Postion(s) Held
Address, City, State, Zip	From	To	
Phone Number ()			Duties and Responsibilities
Type of Business			
Name of Supervisor			Reason for Leaving
Base Starting Wage Ending/Current Gross <input type="checkbox"/> Hour <input type="checkbox"/> Hour Income \$ <input type="checkbox"/> Year \$ <input type="checkbox"/> Year			Work Hours:

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Phone Number ()			Duties and Responsibilities
Type of Business			
Name of Supervisor			Reason for Leaving
Base Starting Wage Ending/Current Gross <input type="checkbox"/> Hour <input type="checkbox"/> Hour Income \$ <input type="checkbox"/> Year \$ <input type="checkbox"/> Year			Work Hours:

REFERENCES

Name	Years Known	Relationship and Title	
Company			
Work Address City	State	Home Phone	Work Phone

Name	Years Known	Relationship and Title	
Company			
Work Address City	State	Home Phone	Work Phone

Name	Years Known	Relationship and Title	
Company			
Work Address City	State	Home Phone	Work Phone

Name	Years Known	Relationship and Title	
Company			
Work Address City	State	Home Phone	Work Phone

Special Skills

Please list any special skills you might have that would be helpful on this job:

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the Employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature

Date