

Killingly Building Products/Acoustical Supplies

Application for Employment

Our company is an Equal Opportunity Employer that employs in compliance with all applicable laws.
We do not discriminate because of sex, age, race, religious creed, marital status, national origin, ancestry, disability, or handicap.

Position Applied for: _____

Date: _____

Name: _____
First Middle Last Date of Birth

Address: _____
Street City State Zip

Telephone: _____ Social Security #: _____

If you are under 18 years of age, do you have a work permit? YES NO
Do you have a valid Driver's License? YES NO

EMPLOYMENT DESIRED

Position for which you are applying:
Full Time: Part Time: Fill In: Summer: Date of Availability: _____

Can you travel if a job requires it? YES NO
Can you work over-time on an as-needed basis? YES NO
Were you previously employed by this company? YES NO
If yes, when? _____ In what position? _____

Please list any skills you have:

If you served in the military in the United States, did you receive any special training which will help perform the job for which you are applying? YES NO Please describe:

EDUCATION

Highest Grade Completed (Please Circle) **Grade School** **High School** **College**
7 8 9 10 11 12 1 2 3 4 5 6

Name of Last School Attended: _____

Vocational or Trade School: _____

Course of Study: _____

REFERENCES

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment Record (Attach sheet if more space is needed)

Employer 1:
 Name _____
 Address _____
 Position Held: _____ From: _____ To: _____ Salary: _____
 Reason for Leaving: _____

Employer 2:
 Name _____
 Address _____
 Position Held: _____ From: _____ To: _____ Salary: _____
 Reason for Leaving: _____

Employer 3:
 Name _____
 Address _____
 Position Held: _____ From: _____ To: _____ Salary: _____
 Reason for Leaving: _____

May we contact your present employer? YES NO

DRIVER'S LICENSE: State: _____ Number: _____

TRAFFIC CONVICTION AND FORFEITURES FOR THE PAST 3 YEARS (other than parking violations)

LOCATION	DATE	CHARGE	PENALTY
_____	_____	_____	_____
_____	_____	_____	_____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- 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 a statement giving details.

I understand that any employment will be on a ninety day introductory basis and that my employment may be terminated, with or without cause or notice, at any time, at my opinion or that of this company. I understand that no management representative has any authority to enter into any agreement for continuing my employment for any specific period of time or which is contrary to the foregoing without written approval of the company president. I give the company permission to contact all or any of my previous employers and/or references and authorize them or provide all information requested of them by this company. I authorize you to obtain, use, and rely upon that information in relation to my application. I have provided truthful and complete responses to all inquiries in the application and understand that the discovery of any falsification or omission constitutes grounds for immediate dismissal. If employed by this company, I will abide by its rules and regulations, which I understand are subject to change by the firm.

Date

Signature of Applicant