

ZUERN

BUILDING PRODUCTS & DESIGN CENTER

Please print and answer all questions. If a question does not apply, mark it "N/A".

Position Applying for _____ Full Time Part-Time

Where did you learn about our opening? Website Social Media

Employee Referral - _____ Other - _____

PERSONAL BACKGROUND			
NAME: LAST	FIRST	M.I.	EMAIL ADDRESS
PRESENT ADDRESS: STREET		CITY	STATE ZIP CODE
PHONE NUMBER		DATE AVAILABLE FOR EMPLOYMENT	
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? YES NO <small>(If hired, you will be required to provide proof of work authorization.)</small>			
ARE YOU AT LEAST 18 YEARS OLD? YES NO <small>(If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.</small>			
ARE YOU WILLING TO WORK EVENINGS WFFKENDS OR HOLIDAYS IF REQUIRED BY THE NATURE OF THE WORK? YES NO			
POSSESS A VALID DRIVER'S LICENSE? Yes No		LICENSE EVER SUSPENDED, RESTRICTED OR REVOKED? Yes No	
DRIVER'S LICENSE NUMBER/STATE ISSUED/ EXPIRATION DATE		If Yes, Explain.	
POSSESS A VALID CDL LICENSE? Yes No Expiration Date:		ANY DRIVING VIOLATIONS IN THE PAST THREE (3) YEARS? Yes No	
DO YOU HAVE AUTO INSURANCE? Yes No		If Yes, Explain.	
ARE YOU WILLING TO TAKE A PHYSICAL EXAMINATION OR DRUG TEST AT OUR EXPENSE? YES NO			

EDUCATIONAL BACKGROUND				
<u>School</u>	<u>Years Attended</u>	<u>Name of School</u>	<u>Major/Emphasis</u>	<u>Did You Graduate?</u>
High				
Technical				
University				
Other				

EMPLOYMENT HISTORY	
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your present employer?
EMPLOYER (1)	TYPE OF BUSINESS
ADDRESS	PHONE
JOB TITLE	COMPENSATION/HOURLY RATE
DESCRIBE DUTIES	NAME/POSITION OF SUPERVISOR
DATES EMPLOYED (FROM - TO)	REASON FOR LEAVING

(Employment history continued on reverse side of this application)

EMPLOYMENT HISTORY -- CONTINUED	
EMPLOYER (2)	TYPE OF BUSINESS
ADDRESS	PHONE
JOB TITLE	COMPENSATION/HOURLY RATE
DESCRIBE DUTIES	NAME/POSITION OF SUPERVISOR
DATES EMPLOYED (FROM - TO)	REASON FOR LEAVING

EMPLOYER (3)	TYPE OF BUSINESS
ADDRESS	PHONE
JOB TITLE	COMPENSATION/HOURLY RATE
DESCRIBE DUTIES	NAME/POSITION OF SUPERVISOR
DATES EMPLOYED (FROM - TO)	REASON FOR LEAVING

TECHNICAL SKILLS	
CAN YOU OPERATE A FORKLIFT? <input type="checkbox"/> Yes <input type="checkbox"/> No	EXPLAIN EXPERIENCE
CAN YOU OPERATE TRUCKS? <input type="checkbox"/> Yes <input type="checkbox"/> No	EXPLAIN EXPERIENCE
DO YOU HAVE CARPENTRY SKILLS? <input type="checkbox"/> Yes <input type="checkbox"/> No	EXPLAIN EXPERIENCE
DO YOU HAVE SALES EXPERIENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No	EXPLAIN EXPERIENCE
OFFICE EXPERIENCE: Multit - Line Phone Fax Adding Machine Copier Word Processing Spreadsheets Databases Typing speed (wpm) _____	

REFERENCES			
Name	Address	Phone	Position
1.			
2.			
3.			

I certify that the information shown on this application is true. I understand that any falsification, misrepresentation, or withholding of pertinent information will be cause for denial of employment or immediate termination when discovered after employment.

IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE PSP ONLINE SERVICE

In connection with your application for employment with Zuern Building Products, Inc., Zuern Building Products Inc. may obtain one or more reports regarding your driving and safety inspection history from the federal Motor Carrier Safety Administration (FMCSA). If Zuern Building Products Inc. uses any information it obtains from FMCSA in a decision not to hire you or to make any other adverse employment decisions regarding you, Zuern Building Products, Inc. will provide you with a copy of the report upon its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, Zuern Building Products, Inc. will notify you that the action has been taken and that the action was based in part or in whole on this report. Zuern Building Products, Inc. cannot obtain background reports from the FMCSA unless you consent in writing. If you agree that Zuern Building Products, Inc. may obtain such background report, please red the following and sign below:

I authorize Zuern Building Products, Inc. to access the FMCSA Pre-employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist Zuern Building Products, Inc to make a determination regarding my suitability as an employee.

I further understand that neither Zuern Building Products, Inc nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by court of law will also appear, and remain, on a PSP report.

I UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT THE OPTION OF EITHER PARTY. I FURTHER UNDERSTAND THAT ANY OFFER OF EMPLOYMENT MAY BE CONDITIONED UPON THE RESULTS OF A CONTROLLED SUBSTANCE TEST, ALCOHOL TEST, AND/OR PHYSICAL EXAMINATION.

I further understand that Zuern Building Products, Inc. abides by any state laws governing employment that may be in effect.

I have read, understand and agree with the terms above, including the Notice Regarding Background Reports provided to me by Zuern Building Products, Inc and I understand that if I sign this consent form, Zuern Building Products, Inc may obtain a report of my crash and inspection history. I hereby authorize Zuern Building Products, Inc and its employees, authorized agents, and/or affiliates to obtain the information authorize above.

Signature: _____

Date: _____