



Application for Employment

Our policy is to provide equal employment opportunity to all qualified person without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Location Applying to: _____

Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Social Security #: _____

Cell Phone #: _____ Email: _____

Position Applied for: _____

How did you hear of this opening: _____

When can you start? _____ Desired Wage: \$ _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation) Yes No

Are you looking for full-time employment? Yes No

If no, what hours are you available? _____

Are you willing to work swing shift? Yes No

Are you willing to work graveyard? Yes No

Have you ever been convicted of a felony? (This will not necessarily affect your application.) Yes No

If yes, please describe conditions:

EDUCATION

School Name and Location	Year	Major	Degree
High School: _____	_____	_____	_____
College: _____	_____	_____	_____
Post College: _____	_____	_____	_____
Other Training: _____	_____	_____	_____

In addition to your work history are there other skills, qualifications, or experience that we should consider?

EMPLOYMENT HISTORY

(start with most recent employer)

Company Name: _____

Address: _____ Telephone: _____

Date Started: _____ Starting Wage: _____ Starting Position: _____

Date Ended: _____ Ending Wage: _____ Ending Position: _____

Name of Supervisor: _____

May we contact? Yes No

Responsibilities: _____

Reason for Leaving? _____

Company Name: _____

Address: _____ Telephone: _____

Date Started: _____ Starting Wage: _____ Starting Position: _____

Date Ended: _____ Ending Wage: _____ Ending Position: _____

Name of Supervisor: _____

May we contact? Yes No

Responsibilities: _____

Reason for Leaving? _____

Company Name: _____

Address: _____ Telephone: _____

Date Started: _____ Starting Wage: _____ Starting Position: _____

Date Ended: _____ Ending Wage: _____ Ending Position: _____

Name of Supervisor: _____

May we contact? Yes No

Responsibilities: _____

Reason for Leaving? _____

Attached additional information if necessary

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will", which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

Signature: _____ Date: _____



DRUG & ALCOHOL POLICY

Suncoast Building Materials Tampa, Inc. has a zero (0) tolerance policy concerning drug and alcohol usage while employed at our Company.

Therefore, all applicants for employment are required to complete a drug and alcohol test at a licensed facility prior to their first day of employment. There will also be random testing done during the course of the year. If at any time the test(s) return a positive result, the employee will be terminated from his/her employment with Suncoast Building Materials Tampa Inc.

This is the only warning that will be issued to the employee.

By signing this statement, the employee consents to pre-employment drug screening and random drug screening at the Company's discretion and that they will abide by this policy.

EMPLOYEE SIGNATURE: _____

EMPLOYEE PRINTED NAME: _____

DATE: _____

LOCATION: _____



Location: _____

EMPLOYEE INFORMATION:

NAME: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL: _____

(This email address will be used only for your ADP registration and for our Health Benefits Administrators to contact you regarding enrollment when you are eligible. Please be sure that the email address you supply is valid/accessible to you.)

EMERGENCY CONTACT INFORMATION:

NAME: _____

ADDRESS: _____

HOME PHONE: _____

RELATION: _____