



# Employment Application

*Builders Surplus, Inc. is an Equal Opportunity Employer in compliance with all applicable laws. We do not discriminate because of age, race, sex, color, creed, marital status, national origin, ancestry, mental or physical disability, citizenship, sexual orientation, or for any other reason prohibited by state or federal law.*

## Location of Interest

Lunenburg, MA     Central Falls, RI     West Warwick, RI     Warwick, RI     Jewett City, CT

## Applicant Information

Name: \_\_\_\_\_

Last

First

Middle Initial

Address: \_\_\_\_\_

Street

City

State

Zip Code

Telephone Number: \_\_\_\_\_ Cellular Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Are you a U.S. citizen, or an alien who has the legal right to remain and work in this country? Yes  No

(If you accept employment with us, the Federal Immigration Act of 1986 requires that you provide documents establishing your identity and work authorization.)

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## Additional Information

Position Applied For: \_\_\_\_\_ Desired Wage \$ \_\_\_\_\_

Have you ever applied for employment with this company? Yes  No  If yes, when \_\_\_\_\_

Please list any special skills that you have: \_\_\_\_\_

If you served in the military service of the United States, did you receive any special training which will help you perform the job for which you are applying? Yes  No  If yes, please describe: \_\_\_\_\_

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## Education

High School or GED: \_\_\_\_\_ Did you graduate? Yes  No  If yes, when \_\_\_\_\_

College: \_\_\_\_\_ Did you graduate? Yes  No  If yes, when \_\_\_\_\_

Vocational or trade school and course of study: \_\_\_\_\_

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## References- Please list three professional references.

1) Name: \_\_\_\_\_ Company: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

2) Name: \_\_\_\_\_ Company: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

3) Name: \_\_\_\_\_ Company: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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**Present and/or Former Employer-** List your work experience, starting with your present or last place of employment.

Company: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting wage: \$ \_\_\_\_\_ Ending wage:\$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting wage: \$ \_\_\_\_\_ Ending wage:\$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting wage: \$ \_\_\_\_\_ Ending wage:\$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

I understand that any employment will be on a 90-day probationary basis. My employment may be terminated, with or without cause or notice, at any time, at my option or that of the company. I give the company permission to contact all of my previous employers and references and authorize them to provide all information requested of them by the 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 a ground for immediate dismissal. If employed by the company, I will abide by its rules and regulations, which I understand are subject to change by the company.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_