

GABRIEL BUILDING SUPPLY



Lumber Plus

510 West Pine Street
Ponchatoula, LA 70454
Phone: (985) 386-3525
Fax: (985) 386-0862
hrdept@gabrielbuildingsupply.com

900 West Oak Street
Amite, LA 70422
Phone: (985) 748-3525
Fax: (985) 748-1194

APPLICATION FOR EMPLOYMENT

Must be filled out in it's entirety

Date: _____

First Name: _____	Last Name: _____	M.I.: _____
Address: _____	City: _____	State: _____ Zip: _____
Phone: _____	Location Applying for : <u>Ponchatoula</u> / <u>Amite</u> (circle one or both)	
Email: _____	Position of Interest: _____	

Have you applied for employment with us before?	YES / NO	If yes, when? _____
Do any of your friends or relatives work here?	YES / NO	If yes, who? _____
Are you 18 years of age or older?	YES / NO	
Do you have the legal right to be employed in the US?	YES / NO	
Have you ever been convicted of a felony?	YES / NO	
If yes, please give explanation: _____		

Education:		
Level:	School Name & Location:	Year Completed:
High School/GED	_____	_____
	_____	_____
Higher Education/ Special Training/ Certifications:	_____	_____
	_____	_____

Are you currently employed?	YES / NO	May we contact your current employer?	YES / NO
Do you have reliable transportation?	YES / NO		
How soon could you start?			
What are your salary requirements?			
Are you interested in a full time or part time position? Full time / Part time			
Can you work weekends?	YES / NO	Can you work overtime?	YES / NO
How did you hear about us?	Advertisement	Walk-In	Referral Other
Are you able to perform the essential functions of the job that you are applying for?		YES / NO	
Have you been terminated or asked to resign from any position in the past?		YES / NO	
If so, please explain: _____			

Employment History

*This section must be completed in it's entirety even if you are submitting a resume.
Begin with the most recent job first. For Drivers, include 10 years driving exp if applicable.*

Company Name:	Telephone:	Name of Supervisor:	
Address:		Dates Employed: (Month/Year) From:	To:
Position:	Hourly Rate/Salary	Start:	Final:
Duties:	Reason For Leaving:		

Company Name:	Telephone:	Name of Supervisor:	
Address:		Dates Employed: (Month/Year) From:	To:
Position:	Hourly Rate/Salary	Start:	Final:
Duties:	Reason For Leaving:		

Company Name:	Telephone:	Name of Supervisor:	
Address:		Dates Employed: (Month/Year) From:	To:
Position:	Hourly Rate/Salary	Start:	Final:
Duties:	Reason For Leaving:		

*If there are earlier jobs that pertain to the position you are seeking with us, you may attach above information on a separate page or a resume.

References			
Give 3 references, not relatives			
Name	Phone #	Occupation	Years Known
Name	Phone #	Occupation	Years Known
Name	Phone #	Occupation	Years Known

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Gabriel Building Supply to verify their accuracy and to obtain reference information on my work performance. I hereby release Gabriel Building Supply from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____ **Date:** _____

Addendum to Employment Application - Drivers Only

Drivers with Gabriel Building Supply are required to:

- 1) Complete an employment application including Drivers Addendum
- 2) Sign the "Driver's Release Information Form"
- 3) Furnish a copy of a state issued driving record from the past (3) years
- 4) Possess a valid chauffeurs license or CDL (Class A or B)
- 5) Possess a valid Medical Examiner's Certificate (medical card)
- 6) Submit to pre-employment DOT compliant alcohol and drug tests

Driver Name as It Appears on License:

Social Security #:

Date of Birth:

Address of Residence for Past 3 Years:

Current:

How Long?

How Long?

How Long?

How Long?

Experience and Qualifications - Driver

Drivers License #:

Type:

Expiration Date:

State Issued:

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? **YES / NO**

Have you ever had a license, permit, or privilege suspended or revoked? **YES / NO**

If yes, explain:

Driving Experience (If none, write none.)

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc)	Dates		Approx No of Miles (Total)
		From	To	
Straight Truck	<input style="width: 150px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>
Tractor and Semi Trailer	<input style="width: 150px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>
Tractor - Two Trailers	<input style="width: 150px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>
Motorcoach - School Bus	<input style="width: 150px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>
Other	<input style="width: 150px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>

Accident Record for Past 3 Years or More (If none, write none)

Dates	Nature of Accident	Fatalities	Injuries
<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>

Traffic Convictions and Forfeitures for Past 3 Years (If none, write none)

Location	Date	Charge	Penalty
<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 100px;" type="text"/>
<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 100px;" type="text"/>
<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 100px;" type="text"/>

Release and Documentation of Pre-Employment Testing Information by Applicant/Driver Required by Part 40.25(j)

Part 40.25(j) requires Employers to ask Applicant/Driver whether he/she has tested positive or refused to test on any Pre-employment alcohol or drug test administered by and Employer to which the Applicant/Driver applied by did not obtain safety sensitive transportation work covered by DOT agency alcohol and drug testing rules during the past two (2) years.

Name _____ Date _____

Social Security Number _____

Applicant/Driver to Answer Items Listed Below

During the past two (2) years have you **tested positive** on a Pre-employment alcohol or drug test administered by Employer to which you applied for but did not obtain a safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules?

Circle One: **YES** **NO**

During the past two(2) years have you **refused to test** on a Pre-employment alcohol or drug test administered by Employer to which you applied for but did not obtain a safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules?

Circle One: **YES** **NO**

If you answered **yes** to either of the questions above, please provide documentation of your successful completion of the return-to-duty process required by Part 40 Subpart O.

Date _____
Month Day Year

Name _____
Please Print

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.

Signature of Applicant/Driver

Witness Signature