

APPLICATION FOR EMPLOYMENT

603 E. 17th St. • Winston-Salem, NC 27105 • 336.722.8167



PLEASE PRINT. This application is current for 60 days only. If you wish to be considered for jobs that become available after that date, you must either complete a new application or update this one.

In compliance with federal and state Equal Opportunity Employment laws, qualified applicants are considered for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status. Those applications requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Personal Information

Name: (Last) _____ (First) _____ (MI) _____

Social Security#: _____

Street Address: _____

City/State/Zip Code: _____

Home Phone: _____ Alternate Phone: _____

Position applied for: _____ Wage Desired: _____

Location: _____ Are you available to work: Full-time Part-time Temporary

On what date are you available to begin work? _____

How did you hear of this opening? _____

Have you ever filed an application with us before? Yes No

Have you ever been employed with us before? Yes No If yes, dates employed _____

Are you currently employed? Yes No

If so, may we contact your current employer? Yes No

Are you at least 18 years of age? Yes No

Do you have the legal right to work in the US? Yes No

(Proof will be required upon employment.)

Personal Information

Please list names and telephone numbers of three individuals who have known you for at least one year.

Name: _____ Telephone No.: _____

Name: _____ Telephone No.: _____

Name: _____ Telephone No.: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

High School:

Name and location _____
Years completed _____ Did you graduate? Yes No
Course of study _____ Degree/diploma _____

College/University:

Name and location _____
Years completed _____ Did you graduate? Yes No
Course of study _____ Degree/diploma _____

Vocational/Technical:

Name and location _____
Years completed _____ Did you graduate? Yes No
Course of study _____ Degree/diploma _____

Other (specify):

Name and location _____
Years completed _____ Did you graduate? Yes No
Course of study _____ Degree/diploma _____

Skills & Qualifications

Please indicate areas in which you have experience.

Accounting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Bldg Materials/Management	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Secretarial/Clerical	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Lumberyard	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Credit/Collections	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Warehouse	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Purchasing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Millwork	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bldg Material/Inside Sales	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Forklift	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bldg Materials/Outside Sales	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Truck Driving	Yes <input type="checkbox"/>	No <input type="checkbox"/>

List other skills, equipment you are qualified to operate, and any other information which may be helpful in considering your application: _____

 Employment History

Begin with current or most recent employment. If at any time you were not employed, list dates and reasons. If applying for a driving position, the Department of Transportation requires employment information for the past ten years, including military experience. Use additional sheet if necessary.

Company: _____ Position: _____
Address: _____
Phone: _____ Supervisor: _____
Dates employed: _____ Salary/wages: _____
Reason for leaving: _____

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Address: _____
Phone: _____ Supervisor: _____
Dates employed: _____ Salary/wages: _____
Reason for leaving: _____

 Military Service

Branch _____ Rank _____
Duty _____ Dates _____

 **Consent**

Smith Phillips strives to maintain a drug-free workplace for our employees and customers. A drug screen is required prior to employment; it must be completed within 24 hours of receiving instructions regarding the test.

Are you willing to submit to a drug screen prior to employment? Yes No

Smith Phillips requires that all applicants reveal past criminal convictions so that we may understand the circumstances of any such convictions. Criminal convictions will not necessarily bar you from consideration for employment. We conduct criminal conviction background checks on all applicants being considered for employment. Any offer of employment will be rescinded if we discover that any information has been falsified.

Are you willing to submit to a criminal background investigation? Yes No

Have you been convicted of a felony or misdemeanor or no contest to a crime other than a minor traffic violation within the past seven years? If yes, please explain circumstances: Yes No

 **Applicant's Statement**

In connection with my application for employment, I understand that investigative reports which may contain public record information may be requested or made on me including consumer credit, criminal records, driving records, education, prior employment verification, workers compensation claims and other information. These reports may include experience in addition to reasons for termination of past employment. I have the right to request a copy of any such reports, upon proper identification and payment of authorized fees.

I hereby authorize and request any present or former employer, education institution, law enforcement agency, or other persons having knowledge about me to furnish it to Smith Phillips Building Supply and/or its agents in connection with an application for or retention of employment. A photocopy of this authorization is as effective as the original. Further, I hereby release from liability and hold harmless all persons and corporations supplying this information to Smith Phillips Building Supply and/or its agents. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment.

I hereby consent to submit to any physical tests upon which the request of a company official, at company expense, to reveal the presence of alcohol or drugs in my system. I release the employer and the person(s) and entity responsible for testing from any claim that I may have in the event of my prospective employment is adversely affected by the results of such a test.

I understand that if I am accepted for employment by the company, my employment will not result in or be subject to a contract of employment. I recognize and agree that, notwithstanding any provisions in the company's personnel handbook, the company may terminate my employment at any time, with or without notice, with or without cause, at its option, and that I may resign employment at any time, with or without notice, with or without cause, at my option. I further understand that no supervisor or other official of the company (except its president, in writing) has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement contrary to the foregoing.

If offered employment by the company, I agree to conform to all rules and regulations, which I recognize may be changed without prior notice.

I have been notified and fully understand the requirements stated above. I understand that any falsification of any information may result in voiding any employment opportunity with Smith Phillips Building Supply.

Signature of Applicant

Date