



APPLICATION FOR EMPLOYMENT

PRINT CLEARLY. Fill out application form completely. If questions are not applicable, enter "NA". Be sure to sign where indicated. DWS Building Supply / Somar Industries is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap or veteran status in employment or the provision of services.

Last _____ First _____ Middle _____

Position applying for _____

Full legal name _____ Home Phone (_____) _____

Address _____ City _____ State _____ Zip Code _____

Alternate Phone (____) _____

EDUCATION

Please list all Education and training you would like us to consider

NAME OF SCHOOL	ADDRESS, CITY, STATE OF SCHOOL	DID YOU GRADUATE?	DEGREE RECEIVED
High School or G.E.D. Certification (date completed)			
Junior College			
College or University			
Business, Correspondence, Trade Or Graduate School			

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion: _____ date: _____

EXPERIENCE— Starting with the most recent describe ALL paid, applicable experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position.

a. **Job Title** _____

Company name _____ Telephone number (_____) _____

Address, City, State and Zip _____

Employed from (m/y) _____ to (m/y) _____ Reason for leaving _____

Duties and responsibilities: _____

Name of direct supervisor _____ May we contact your supervisor? **Yes No**

Salary (start) _____ (finish) _____ Equipment /software used _____

Full-time _____ Part-time _____ Hours/week _____ your name if different from present _____

b. **Job Title** _____

Company name _____ Telephone number (_____) _____

Address City, State and Zip _____

Employed from (m/y) _____ to (m/y) _____ Reason for leaving _____

Duties and responsibilities: _____

Name of direct supervisor _____ May we contact your supervisor? **Yes No**

Salary (start) _____ (finish) _____ Equipment /software used _____

Full-time _____ Part-time _____ Hours/week _____ your name if different from present _____

c. Job Title _____

Company name _____ Telephone number (_____) _____

Address City, State, Zip _____

Employed from (m/y) _____ to (m/y) _____ Reason for leaving _____

Duties and responsibilities: _____

Name of direct supervisor _____ May we contact your supervisor? **Yes No**

Salary (start) _____ (finish) _____ Equipment /software used _____

Full-time _____ Part-time _____ Hours/week _____ your name if different from present _____

SPECIAL SKILLS AND REQUIREMENTS

a. Use this space for any additional information you think would help us to consider in your application, including training, seminars, workshops, special achievements, languages or specialized skills:

b. License (to include driver's), certificate or other authorization to practice a trade or profession. (Note: all drivers will be ask to provide a current driving record at time of initial interview)

Type License _____ (Ex: Class A; Class B; Class C) (Do not list any expiration date or License Number)

Is your License Valid at the time of completing this application: Yes _____ No _____

List other certification: _____

REFERENCES

List three professional references whom we can contact not related to you who know your qualifications.

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MISCELLANEOUS

a. For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States? ___ Yes ___ No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity.

b. Are you able to provide your own transportation for your employment? ___ Yes ___ No.

When are you available to start work? _____ Month _____ Day _____ Year.

CERTIFICATION— Each Application requires current date and original Signature. **Please read the following statement and indicate your understanding and acceptance by signing in the space provided.**

I HEREBY CERTIFY that all entries on this application and attachments are true and complete and I agree and understand that any falsification, misstatement or omission of information may be grounds for refusal to hire or, if hired, termination. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references, education verification, and former employers listed being contacted regarding this application. Pre-employment drug testing may be required.

Signature of Applicant

Date