



Rt. 9, P.O. Box 1395
So. Glens Falls, NY 12803
Email:
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DRYWALL CENTER APPLICATION FOR EMPLOYMENT

NAME: _____ PHONE NUMBER _____ CELL NUMBER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

ARE YOU AUS CITIZEN Y / N Social Security Number _____ Date of Birth _____

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY Y / N

IF YES EXPLAIN _____

CAN YOU LIFT OVER 50 LBS REPEATIDLY Y / N EXPECTED WAGE _____

IF CONSIDERED, WOULD YOU BE ABLE TO START RIGHT AWAY Y / N ARE YOU AVAILIBLE FOR OT Y / N

DRIVER INFORMATION

DO YOU HAVE A VALID DRIVER LICENSE Y / N DRIVERS LICENSE NUMBER _____

STATE OF LICENSE _____ EXPERATION DATE _____ LICENSE CLASS _____

VEHICLE EXPERIENCE _____

CAN YOU DRIVE STANDARD Y / N ANY DRIVING ACCIDENTS/VIOLATIONS IN THE PAST 3 YRS Y / N

IF YES EXPLAIN _____

DO YOU HAVE ANY EXPERIENCE OPERATING FORKLIFT Y / N HOW MANY YEARS _____

DO YOU HAVE ANY EXPERIENCE WITH BOOM, LOG OR CRANE TRUCKS OR ANY OTHER EQUIPMENT Y / N

EXPLAIN _____

PLEASE DETAIL THE FACTS AND CIRCUMSTANCES OF ANY DENIAL, REVOCATION, OR SUSPENSION OF ANY LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE

___ CHECK HERE TO CERTIFY THAT NO SUCH DENIAL, REVOCATION OR SUSPENSION HAS OCCURDED

EDUCATIONAL INFORMATION

HIGH SCHOOL NAME _____ NUMBER OF YEARS COMPLETED _____

GRADUATED Y / N COURSES / MAJORS _____

COLLEGE NAME _____ NUMBER OF YEARS COMPLETED _____

GRADUATED Y / N COURSES / MAJORS _____

VOCATIONAL / TECHNICAL SCHOOL _____ NUMBER OF YEARS COMPLETED _____

GRADUATED Y / N COURSES / MAJORS _____

EMPLOYMENT HISTORY

Please complete all information regarding prior employers during the last three years. If you are applying to operate a Commercial Motor Vehicle (GVWR of 26,001 lbs or more, ability to transport 16 or more people or any vehicle requiring placarding for hazardous materials), please include complete information regarding prior employers for the last 10 years from whom you operated such vehicles. Please start with the most recent prior employer.

Employer Name: _____ Employed From: _____ / _____ TO: _____ / _____

Address: _____

Contact: _____ Position: _____ Salary: _____

Phone Number _____ Was your position "Safety Sensitive" requiring Part 40 Drug and Alcohol testing Y/N
Where you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Y/N

Employer Name: _____ Employed From: _____ / _____ TO: _____ / _____

Address: _____

Contact: _____ Position: _____ Salary: _____

Phone Number _____ Was your position "Safety Sensitive" requiring Part 40 Drug and Alcohol testing Y/N
Where you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Y/N

Employer Name: _____ Employed From: _____ / _____ TO: _____ / _____

Address: _____

Contact: _____ Position: _____ Salary: _____

Phone Number _____ Was your position "Safety Sensitive" requiring Part 40 Drug and Alcohol testing Y/N
Where you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Y/N

PERSONAL REFERENCES

REFERENCE 1 NAME _____ **PHONE NUMBER** _____

ADDRESS _____ **RELATIONSHIP** _____

REFERENCE 2 NAME _____ **PHONE NUMBER** _____

ADDRESS _____ **RELATIONSHIP** _____

REFERENCE 3 NAME _____ **PHONE NUMBER** _____

ADDRESS _____ **RELATIONSHIP** _____

ANY ADDITIONAL INFORMATION (SPECIAL SKILLS WHICH MAY QUALIFY YOU FOR A POSITION)

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.

APPLICANT SIGNATURE _____ **DATE** _____