



Drywall Center Inc.

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Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Email: _____ Cell: _____ Home: _____

Date Available: _____ Social Security No.: _____ Desired Wage: \$ _____ /hr.

Position Applied for: _____

If hired, are you available for O/T? YES NO

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Can you lift over 50lbs. repeatedly? YES NO

Have you ever been convicted of a misdemeanor or a felony? YES NO

If yes, explain: _____

Do you have a valid driver's license? YES NO License #: _____

State: _____ Exp. Date: _____ License Class: _____

Vehicle Experience: _____

Any driving accidents/violations in the past 3 years? YES NO If yes, please explain: _____

Can you drive standard? YES NO

Do you have experience operating a forklift? YES NO
 How many years? _____

Do you have experience with boom, log, or crane trucks? Any other equipment? YES NO

If yes, explain: _____

Please detail the facts and circumstance 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 occurred.

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Please complete all information regarding employment for the last three (3) years.

Drivers – The Federal Motor Carrier Safety Regulations require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (ten) years). Any gaps in employment in excess of one (1) month must be explained.

Start with the last or current position, including any military experience, and work backwards (attach separate sheets as needed). Be as thorough as possible.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations? YES NO

Was the job designated as a safety-sensitive, requiring drug and alcohol testing per 49 CFR, part 40? YES NO

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations? YES NO

Was the job designated as a safety-sensitive, requiring drug and alcohol testing per 49 CFR, part 40? YES NO

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Were you subject to Federal Motor Carrier Safety Regulations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was the job designated as a safety-sensitive, requiring drug and alcohol testing per 49 CFR, part 40?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Additional Information

Please provide any additional information that you feel may be relevant to the position you are applying for:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I authorize Drywall Center Inc. to make investigations (including contacting prior employers) as necessary in arriving at an employment decision.

Drivers – *I understand that previous employers will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23.*

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____