



ENCORE
Flooring & Building Products

EMPLOYMENT APPLICATION

PLEASE TYPE OR PRINT

Position(s) Applied For _____ Date of Application ____ / ____ / ____

Referral Source: Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____
 Name of Source (If Applicable) _____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP

Telephone (____) _____ Social Security Number _____
AREA CODE

If necessary, best time to call you at home is: _____

May we contact you at work? YES NO

If yes, work number and best time to call: _____

If you are under 18, can you furnish a work permit? YES NO

Have you filed an application here before? YES NO

If yes, give date: _____

Have you ever been employed here before? YES NO

If yes, give dates: From ____ / ____ / ____ To ____ / ____ / ____

Are you legally eligible for employment in this country? YES NO

(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work: ____ / ____ / ____

Type of employment desired: Full -Time Part-Time Temporary Seasonal Educational Co-op

Are you on lay-off and subject to recall? YES NO

Will you work overtime if required? YES NO

Will you relocate if job requires it? YES NO

Will you travel if job requires it? YES NO

Have you ever been bonded? YES NO

Have you been convicted of a felony in the last (7) years? YES NO

(Such conviction may be relevant if job related, but does not bar you from employment.)

If YES, please explain: _____

Driver's license number (if required by job): _____ State _____

AN EQUAL OPPORTUNITY EMPLOYER

EDUCATIONAL BACKGROUND

SCHOOL	NAME AND ADDRESS	DATES OF ATTENDANCE		DID YOU GRADUATE	LAST GRADE COMPLETED	CUM. GPA	COURSE OF STUDY OR DEGREE COMPLETED
		FROM YEAR	TO YEAR				
GRADE SCHOOL							
HIGH SCHOOL							
COLLEGE							
BUSINESS SCHOOL							
OTHER							
SCHOLARSHIPS, HONORS, ETC.							
EXTRACURRICULAR ACTIVITIES							
COURSES RELATED TO POSITION DESIRED OR SPECIAL SKILLS							

REFERENCES

List three individuals who have knowledge of your occupational skills and/or background who are not related to your and are not previous supervisors.

1	NAME	ADDRESS		
	OCCUPATION	TELEPHONE	YEARS KNOWN	
2	NAME	ADDRESS		
	OCCUPATION	TELEPHONE	YEARS KNOWN	
3	NAME	ADDRESS		
	OCCUPATION	TELEPHONE	YEARS KNOWN	

List professional, trade, business or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications and awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

EXPERIENCE RECORD

THIS SECTION MUST BE COMPLETED

NOTE: List paid and volunteer experience as applicable, starting with the last (or present) place worked first. Account for the last 10 years or years worked, if less than 10.

1	FROM (MO.-YR.)	COMPANY OR ORGANIZATION		CITY	PHONE	
	TO (MO.-YR.)	NO. PEOPLE SUPERVISED	SUPERVISOR	REASON FOR LEAVING		
	DESCRIPTION OF DUTIES/JOB TITLE (IF SALES, ALSO GIVE AREA COVERED)				SALARY - STARTING	
					SALARY - LAST	
2	FROM (MO.-YR.)	COMPANY OR ORGANIZATION		CITY	PHONE	
	TO (MO.-YR.)	NO. PEOPLE SUPERVISED	SUPERVISOR	REASON FOR LEAVING		
	DESCRIPTION OF DUTIES/JOB TITLE (IF SALES, ALSO GIVE AREA COVERED)				SALARY - STARTING	
					SALARY - LAST	
3	FROM (MO.-YR.)	COMPANY OR ORGANIZATION		CITY	PHONE	
	TO (MO.-YR.)	NO. PEOPLE SUPERVISED	SUPERVISOR	REASON FOR LEAVING		
	DESCRIPTION OF DUTIES/JOB TITLE (IF SALES, ALSO GIVE AREA COVERED)				SALARY - STARTING	
					SALARY - LAST	
4	FROM (MO.-YR.)	COMPANY OR ORGANIZATION		CITY	PHONE	
	TO (MO.-YR.)	NO. PEOPLE SUPERVISED	SUPERVISOR	REASON FOR LEAVING		
	DESCRIPTION OF DUTIES/JOB TITLE (IF SALES, ALSO GIVE AREA COVERED)				SALARY - STARTING	
					SALARY - LAST	
5	FROM (MO.-YR.)	COMPANY OR ORGANIZATION		CITY	PHONE	
	TO (MO.-YR.)	NO. PEOPLE SUPERVISED	SUPERVISOR	REASON FOR LEAVING		
	DESCRIPTION OF DUTIES/JOB TITLE (IF SALES, ALSO GIVE AREA COVERED)				SALARY - STARTING	
					SALARY - LAST	

ADDITIONAL INFORMATION NECESSARY FOR A COMPLETE PRESENTATION OF YOUR QUALIFICATIONS

MILITARY	BRANCH OF U.S. SERVICE	MAJOR DUTIES
MILITARY SCHOOLS ATTENDED		MILITARY JOB EXPERIENCE

MACHINES OPERATED CHECK ALL THAT APPLY <input type="checkbox"/> ADDING <input type="checkbox"/> KEY PUNCH <input type="checkbox"/> BILLING <input type="checkbox"/> OFF-SET <input type="checkbox"/> BOOKKEEPING <input type="checkbox"/> SWITCHBOARD <input type="checkbox"/> CALCULATOR <input type="checkbox"/> COMPUTER	THIS SPACE FOR OFFICE USE ONLY COMMENTS: _____ _____ _____	TEST RESULTS Typing Speed _____ Shorthand Speed _____ Other _____
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Employer may investigate my background and employment record. I authorize any person or company to furnish any information in their possession without liability. I certify that all statements made by me on this application are true.

NAME _____ DATE _____
 SIGNATURE _____

JOB

APPLICANT'S JOB PREFERENCE IN ORDER:

SPACE BELOW FOR OFFICE USE ONLY
MANAGEMENT'S PREFERENCE IN ORDER: (FIRST THOUGH

1.	1.
2.	2.
3.	3.
4.	4.

Preference not stated as application was not reviewed by management.

Application received by: _____ Date: _____

Application received: In person By mail Other

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancella of this application and/or separation from the Employer's service if I have been employed. Furthermore, I understand that as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurar to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I he release from liability the Employer and its representatives for seeking such information and all other persons, corporations organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibi by local, state, or federal law.

I certify that all statements made by me in the application are true.

Applicant's Signature: _____ Date: _____

PRE-EMPLOYMENT URINALYSIS CONSENT AGREEMEN

PRE-EMPLOYMENT TESTING REQUIREMENTS:

ALL JOB APPLICANTS TO WHOM A JOB OFFER HAS BEEN MADE WILL BE TESTED FOR THE USE OF CONTROLLED SUBSTANCES, AT Employer'S EXPENSE, AS A PRE-QUALIFICATION CONDITION BEFORE THEIR HIRING IS FINAL.

THEREFORE,

As a condition of my employment application, I consent to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substance(s) based on the urinalysis test will disqualify me from further job consideration with company.

Negative and positive results will be reported to this company and maintained in a confidential file.

My written authorization is required for the urinalysis test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Consent Agreement.

I also agree to reimburse Employer the testing fee if I do not complete the 120-day probationary period after my hire date.

APPLICANT'S NAME (type or print)

APPLICANT'S SIGNATURE

WITNESSED BY:

COMPANY REPRESENTATIVE'S SIGNATURE

MONTH

DAY

YEAR

MONTH

DAY

YEAR