



# APPLICATION FOR EMPLOYMENT

Circle location

applying at: CORPORATE NEW ORLEANS BATON ROUGE MOBILE BIRMINGHAM GULFPORT MANDEVILLE FOLEY HOUSTON LAFAYETTE TUSCALOOSA SHREVEPORT LONGVIEW LAKE CHARLES MONTGOMERY NICEVILLE

This application must be completed thoroughly and accurately prior to any consideration of employment with Interior/Exterior Building Supply. This application for employment shall be considered active for a period of time not to exceed (90) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

### AN AFFIRMATIVE ACTION EMPLOYER

In compliance with federal and state equal employment opportunity laws, it is the policy of Interior/Exterior Building Supply, that applicants and employees are considered for employment opportunities without regard to race, creed, gender, age, color, religion, national origin, marital or veteran status, participation in military service, the presence of a disability which is subject to reasonable accommodation, or any other legally protected status.

Omission or falsification of relevant information are grounds for rejection, or if hired, grounds for immediate discharge.

### WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT ALL INFORMATION

DATE OF APPLICATION: \_\_\_\_\_

NAME: \_\_\_\_\_ S.S. #: \_\_\_\_\_  
FIRST MIDDLE LAST

PRESENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PREVIOUS ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

TELEPHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

DO YOU HAVE A LEGAL RIGHT TO BE EMPLOYED IN THE UNITED STATES?  YES (PROOF REQUIRED)  NO

ARE YOU OVER THE AGE OF 18?  YES  NO

## COMPANY EXPERIENCE

HAVE YOU WORKED FOR THIS COMPANY BEFORE? \_\_\_\_\_ DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

WHERE? \_\_\_\_\_ RATE OF PAY: \_\_\_\_\_ POSITION: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**GENERAL**

ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_ IF NOT, WHEN WAS YOUR LAST DAY EMPLOYED? \_\_\_\_\_

POSITION(S) APPLYING FOR: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS POSITION? \_\_\_\_\_ RATE OF PAY EXPECTED: \_\_\_\_\_

IF CONTACTED FOR EMPLOYMENT, DATE YOU COULD START: \_\_\_\_\_

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING?  YES  NO

IF NO, DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR WHICH RESULTED IN IMPRISONMENT WITHIN THE LAST 7 YEARS? (NOTE: SUCH CONVICTIONS ARE NOT AN AUTOMATIC BAR TO EMPLOYMENT. ALL CIRCUMSTANCES WILL BE CONSIDERED)  YES  NO

IF YOU HAVE BEEN CONVICTED, PLEASE PROVIDE US WITH AN EXPLANATION OF ALL RELEVANT CIRCUMSTANCES AND DATES.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION, TRAINING AND EXPERIENCE**

TYPE OF SCHOOL	NAME	CITY & STATE	COMPLETION	COURSE / MAJOR
HIGH SCHOOL			____ YEARS COMPLETED	
			GRADUATED? Y N	
COLLEGE			____ YEARS COMPLETED	
			GRADUATED? Y N	
TECHNICAL SCHOOL			____ YEARS COMPLETED	
			GRADUATED? Y N	
OTHER SCHOOLS AND/OR TRAINING			____ YEARS COMPLETED	
			GRADUATED? Y N	

U.S. MILITARY SERVICE:  YES  NO  REGULAR (OR)  RESERVE TOTAL YEARS OF SERVICE: \_\_\_\_\_

BRANCH: \_\_\_\_\_ RANK: \_\_\_\_\_

SKILLS/DUTIES: \_\_\_\_\_

**SKILLS AND QUALIFICATIONS**

DO YOU HAVE ANY OTHER EXPERIENCE, TRAINING, LICENSES, AWARDS, OR SKILLS WHICH YOU FEEL SHOULD BE BROUGHT TO OUR ATTENTION, IN THE CASE THAT THEY MAKE YOU ESPECIALLY SUITED FOR WORKING WITH US? IF SO, PLEASE LIST BELOW:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# EMPLOYMENT HISTORY

A resume will not be accepted as a substitute for a completed application.

THIS ENTIRE SECTION MUST BE COMPLETED. LIST ALL EMPLOYMENT AND/OR UNEMPLOYMENT SINCE YOUR FIRST REGULAR FULL TIME JOB IN REVERSE ORDER BEGINNING WITH YOUR MOST RECENT EXPERIENCE: NO GAPS IN DATES!!!

CURRENT/ MOST RECENT EMPLOYER	DATE
NAME:	FROM ___/___/___ TO ___/___/___
ADDRESS:	POSITION:
CITY: STATE: ZIP:	SALARY/WAGE:
SUPERVISOR: TITLE:	PHONE NUMBER:
DUTIES/RESPONSIBILITIES:	MAY WE CONTACT THIS EMPLOYER FOR REFERENCES? YES / NO
REASON FOR LEAVING:	

PREVIOUS EMPLOYER or TIME PRIOR	DATE
NAME: or unemployed dates	FROM ___/___/___ TO ___/___/___
ADDRESS:	POSITION:
CITY: STATE: ZIP:	SALARY/WAGE:
SUPERVISOR: TITLE:	PHONE NUMBER:
DUTIES/RESPONSIBILITIES:	MAY WE CONTACT THIS EMPLOYER FOR REFERENCES? YES / NO
REASON FOR LEAVING:	

PREVIOUS EMPLOYER or TIME PRIOR	DATE
NAME: or unemployed dates	FROM ___/___/___ TO ___/___/___
ADDRESS:	POSITION:
CITY: STATE: ZIP:	SALARY/WAGE:
SUPERVISOR: TITLE:	PHONE NUMBER:
DUTIES/RESPONSIBILITIES:	MAY WE CONTACT THIS EMPLOYER FOR REFERENCES? YES / NO
REASON FOR LEAVING:	

PREVIOUS EMPLOYER or TIME PRIOR	DATE
NAME:	FROM ___/___/___ TO ___/___/___
ADDRESS:	POSITION:
CITY: STATE: ZIP:	SALARY/WAGE:
SUPERVISOR: TITLE:	PHONE NUMBER:
DUTIES/RESPONSIBILITIES:	MAY WE CONTACT THIS EMPLOYER FOR REFERENCES? YES / NO
REASON FOR LEAVING:	

\*\* Request additional Employment History sheet if needed

**PROFESSIONAL REFERENCES**

NAME			YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY					
ADDRESS	CITY	STATE	ZIP	HOME PHONE	WORK PHONE

NAME			YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY					
ADDRESS	CITY	STATE	ZIP	HOME PHONE	WORK PHONE

NAME			YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY					
ADDRESS	CITY	STATE	ZIP	HOME PHONE	WORK PHONE

**REIMBURSEMENT AGREEMENT**

SHOULD YOU DECIDE TO LEAVE EMPLOYMENT WITHIN THREE MONTHS (90 DAYS) OR ARE DISCHARGED FOR CAUSE DURING THIS PERIOD, YOU AGREE TO REIMBURSE THE COMPANY FOR ALL EXPENSES INCURRED IN ESTABLISHING AND MAINTAINING YOUR ELIGIBILITY, INCLUDING, BUT NOT LIMITED TO, ALL COSTS RELATING TO DRUG TESTING, BACKGROUND CHECKS, AND MEDICAL EXAMINATIONS. SUCH EXPENSES MAY BE DEDUCTED FROM ANY SUMS DUE TO YOU AT THE TIME OF YOUR LEAVING EMPLOYMENT.

THESE EXPENSES ARE LISTED, BUT NOT LIMITED TO, THE FOLLOWING:

PRE-EMPLOYMENT DRUG TESTING	\$ 50.00
STRENGTH EXAM (WAREHOUSE PERSONNEL)	\$150.00
TOTAL	<u>\$200.00</u>

I, \_\_\_\_\_, UNDERSTAND AND AGREE TO ABIDE BY THE ABOVE REQUIREMENTS AND STATEMENTS AS A CONDITION OF EMPLOYMENT.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**INTERIOR EXTERIOR BUILDING SUPPLY  
CERTIFICATION AND AT-WILL EMPLOYMENT AGREEMENT**

Please read carefully and sign below

I certify that the information contained in this application is correct to the best of my knowledge. I understand that falsification of this information or material omission is grounds for termination of my possible employment at any time. I understand this job application is not an employment contract.

I understand the following:

1. My prior employers, educational institutions and other references listed on this application are authorized to give Interior/Exterior Building Supply any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all persons or entities from all liability for any damage that may result from furnishing information to Interior/Exterior Building Supply.
2. I understand that I will need to consent to a substance abuse test. I understand that any offer of employment will be contingent upon the results of a substance abuse test. I understand that any offer of employment will be contingent upon the results of a substance abuse test and may be contingent upon the results of a physical examination. The results of any such test and/or examination will be held in confidence. Prior to any such examination or test, I agree to release the results of the examination and/or test to Interior/Exterior Building Supply.
3. I must produce applicable documents showing that I am a United States citizen or alien lawfully authorized to work in the United States, with the time frame specified by Interior/Exterior Building Supply to meet the Immigration Reform and Control Act of 1986 requirements.

If I fail to comply with any of the requirements set forth above, I understand that any offer of employment will be rescinded or any possible employment will be terminated.

If Interior/Exterior Building Supply offers me employment and I accept the offer, I agree to conform to Interior/Exterior Building Supply's policies, rules and regulations. I understand and agree that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at-will" nature, which means my employment, benefits and compensation can terminate, with or without cause for any legal reason, and with or without cause, at any time, at my option or Interior/Exterior Building Supply's option. I further understand and agree that this at-will employment relationship as defined above will remain in effect throughout my employment with Interior/Exterior Building Supply. It is further understood that this "at-will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Interior/Exterior Building Supply.

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

**THIS SECTION FOR OFFICE USE ONLY**

PROCESS RECORD

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR
APPLICATION	___	___	___	___	___
INTERVIEW	___	___	___	___	___
PAST EMPLOYMENT	___	___	___	___	___
DRUG SCREEN	(ALL EMPLOYEES)			PASS ___	FAIL ___
STRENGTH EXAM	(WAREHOUSE PERSONNEL)			PASS ___	FAIL ___
MVR	(OUTSIDE SALES)			PASS ___	FAIL ___

APPLICANT HIRED: YES [ ] NO [ ]

IF YES, DEPARTMENT: \_\_\_\_\_ CLASSIFICATION: \_\_\_\_\_

DATE BEGINNING EMPLOYMENT: \_\_\_\_\_ COMPENSATION: \$ \_\_\_\_\_ PER \_\_\_\_\_



# AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_  
 Last Name First Name Middle Name

\_\_\_\_\_  
 Current Address Dates Lived Here

\_\_\_\_\_  
 Addresses for the Past Seven Years: (include street, city, state, zip code) Dates of Residence:

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Date of Birth Other Names Used (including maiden name) Years Used

\_\_\_\_\_  
 Social Security Number Driver's License # State

\_\_\_\_\_  
 Email address (may be used for official correspondence)

do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **IntelliCorp Records, Inc** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IntelliCorp Records, Inc** for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provisy additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

\*\*I hereby do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact my current employer for Employment and Reference Verifications  
(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

\_\_\_\_\_  
 Printed Name Applicant Signature Date

**CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY:** If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Consumer Report, please check the box. This report may include character and reputation information obtained through personal interviews.

**MASSACHUSETTS APPLICANTS ONLY:** Under Massachusetts law, an employer is prohibited from making written, pre-employment inquiries of an applicant about his or her criminal history. Massachusetts applicants should not respond to any of the questions seeking criminal record information.

**DISCLAIMER: THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN. WE MAKE NO WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS.**



BUILDING SUPPLY  
LIMITED PARTNERSHIP

RELEASE FOR DRUG TESTING

# Medical Exam and Drug Testing Policy

In order to assist Interior/Exterior Building Supply to provide a safe, secure and healthy work environment at its company properties, facilities and installation sites, prospective new hires must consent to the taking of specimens for drug/alcohol screening as a part of an examination in connection with the possibility of employment and if selected, as an ongoing condition of employment, and hereby authorize the release of any and all results to Interior/Exterior Building Supply. By signing this release, I authorize Interior/Exterior Building Supply and its authorized representatives to obtain and use the results of the Medical Exam and Drug Test as deemed necessary to determine current and future employment eligibility.

In accordance with LSA R.S. 23:897,K., it is the stated policy of Interior/Exterior Building Supply that Interior/Exterior Building Supply has a right of reimbursement from an employee or an applicant who becomes an employee, provided the employee is compensated at a rate equivalent to not less than one dollar above the existing federal minimum wage and is not a part-time or seasonal employee as defined in R.S. 23:1021, for those costs of such employee's or applicant's pre-employment medical examination and/or drug test, if the employee voluntarily terminates the employment relationship sooner than ninety working days after his/her first day of work or never reports to work, unless such voluntary termination is attributable to a substantial change made to the employment by the employer as applied in Louisiana Employment Security Law. An employee who, without prior approval, fails to report to work as scheduled for three (3) consecutive days shall be deemed to have voluntarily terminated his/her employment by abandonment of his/her position.

In accordance with LSA R.S. 23:634,B. and the terms of the above-stated policy, I hereby agree that the costs of my pre-employment medical examination and/or drug test, may be withheld from my wages if I voluntarily resign within ninety working days from my first day of work. I further release Interior/Exterior Building Supply and the examining agency for any claims or demands from liability or damages for any current or future disclosure of true and accurate information as described above.

\_\_\_\_\_  
Signature of Individual Granting Release

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

-----  
**To Be Completed by Branch:**

\_\_\_\_\_  
Printed Name of Individual Granting Release (Manager/Supervisor)

\_\_\_\_\_  
Branch Submitting Request

\_\_\_\_\_  
Position for Which Candidate Applied