



BCI BCLL BCML BCL

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

This application for employment shall be considered active for a period of time not to exceed ninety (90) days.

BUILDER'S CHOICE INC. IS COMMITTED TO A POLICY OF EQUAL EMPLOYMENT OPPORTUNITY AND WILL NOT DISCRIMINATE AGAINST AN APPLICANT OR EMPLOYEE ON THE BASIS OF RACE, COLOR, SEX, AGE, NATIONAL ORIGIN, RELIGION, MARITAL STATUS, PHYSICAL OR MENTAL DISABILITY, VETERAN STATUS, SEXUAL ORIENTATION, GENDER IDENTITY, OR ANY OTHER BASIS PROHIBITED BY APPLICABLE LAW.

Incomplete or unsigned applications will not be processed.

(PLEASE PRINT)

| | | |
|---|-------|----------------------|
| Position Applied for: | JVA#: | Date of Application: |
| How Did You Learn About Us? | | |
| <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other | | |

| | | |
|------------|-------------|--------------|
| Last Name: | First Name: | Middle Name: |
|------------|-------------|--------------|

| | | | |
|----------|-------|--------|-----------|
| Address: | City: | State: | Zip Code: |
|----------|-------|--------|-----------|

| | | | |
|--|----|---------------------|-------------|
| Telephone Number(s) | 1. | 2. | 3. |
| Is transportation to work available? • Yes • No | | | |
| If you are under 18 years of age, can you provide required proof of your eligibility to work? • Yes • No | | | |
| Do you have a valid driver's license? • Yes • No | | | |
| <i>Notice: If the position requires driving, a driving record may be required.</i> | | | |
| Have you ever been employed with us or with a Subsidiary of ASRC before? • Yes • No | | | |
| If Yes, which subsidiary? _____ | | | Date: _____ |
| Do you have any friends or relatives working here? • Yes • No | | | |
| If Yes, name: _____ | | Relationship: _____ | |
| Are you currently employed? • Yes • No May we contact your present employer? • Yes • No | | | |
| <i>All offers of employment are contingent upon your providing proof of identity and employment eligibility and your completing a form I-9, as required by the Immigration Reform and Control Act of 1986.</i> | | | |
| Can you travel if a job requires it? • Yes • No | | | |
| On what date would you be available for work? | | | |

| |
|---|
| Are you available to work: · Full Time · Part Time · Temporary |
| Are you currently on "lay-off" status and subject to recall? · Yes · No |

Employment Experience

If you have a resume, you may attach it to this application.

Start with your present or your last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or any legally protected status.

| | | |
|---------------------|----------------------------|-------------------------|
| Employer: | Dates Employed From/To: | Major Duties Performed: |
| Address: | | |
| Telephone No: | Starting - Final pay rate: | |
| Job title: | Supervisor: | |
| Reason for leaving: | | |

| | | |
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| Address: | | |
| Telephone No: | Starting - Final pay rate: | |
| Job title: | Supervisor: | |
| Reason for leaving: | | |

Educational Background

(A) List three (3) schools attended, *starting with last one*. (B) List the number of years completed, (C) Indicate degree or diploma earned, if any, (D) Major and minor field of study (if applicable).

| | | | |
|------------------------|-----------------------|--------------------|--------------------|
| (A) School, City/State | (B) # Years Completed | (C) Degree/Diploma | (D) Field of Study |
|------------------------|-----------------------|--------------------|--------------------|

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Additional Information

Other Training:

Certifications/Professional Licenses:

Specialized Skills (*Check Software/Equipment Operated*):

| | | |
|--|---|---|
| <input type="checkbox"/> MS Excel <input type="checkbox"/> MS Word <input type="checkbox"/> MS Access <input type="checkbox"/> MS Outlook <input type="checkbox"/> Other software: _____ | <input type="checkbox"/> Oracle <input type="checkbox"/> AutoCad <input type="checkbox"/> ADP <input type="checkbox"/> Other database: _____ | <input type="checkbox"/> Switchboard <input type="checkbox"/> 10-Key <input type="checkbox"/> Fax <input type="checkbox"/> Copy/Scanner <input type="checkbox"/> Other equipment: _____ |
|--|---|---|

List professional, trade, business, or civic associations and offices held. (You may exclude memberships that would reveal race, color, religion, creed, gender, national origin, age, disability, or marital or veteran status.)

| Organization | Offices Held |
|--------------|--------------|
| | |
| | |
| | |

List any additional information you would like us to consider including any accomplishments, publications, and/or awards:

Applicant's Statement

I certify that the information provided in this employment application (and accompanying resume if any) is true and complete. I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date.

I authorize investigation of all statements contained in this application (and accompanying resume, if any). I also authorize the company to contact my present employer (unless otherwise noted in this application form), past employers, and listed references. I authorize any person, school, current or previous employer, and organizations named in this application form (and accompanying resume, if any) to provide the company with relevant information that may be useful to the company in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

DRUG FREE WORKPLACE

Builders Choice and its family of companies is strongly committed to maintaining a Drug-Free environment. All applicants will be required to comply with the company's Substance Abuse Prevention Program.

AT WILL EMPLOYMENT

I understand that Builders Choice, Inc. and its family of companies are an "at will" employer. This means that if I am employed, I may leave employment and the company may terminate me at any time for any reason or for no reason with or without notice. I further understand that I should not rely on any statements to the contrary unless authorized by the President in writing.

I understand that this employment application and any other documents of Builders Choice are not contracts of employment. I certify that the information provided in this application is true and complete to the best of my knowledge and understand that falsification or misrepresentation of any information is grounds for rejection of my application or termination of employment if I become employed.

A copy of this document shall be considered as valid as the original.

Applicant's Name (please print): _____

Applicant's Signature: _____ Date: _____