



**SCRANTON'S
THRUWAY
BUILDERS
SUPPLIES**

SCRANTON'S THRUWAY BUILDERS SUPPLIES APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, color, citizenship status, religion, gender (including pregnancy), national origin, ancestry, age, physical or mental disability, domestic victim status, sexual orientation, marital status, military status, or any other characteristic protected by law, ordinance or regulation. Those applicants requiring accommodation to complete the application and/or interview process should contact Human Resources. Please print.

Position(s) Applied for		Date of Application		
Print Name (Last, First, & Middle)		Other Names Used		
Street Address		City	State	Zip Code
Home Phone Number	Cell Phone Number	Email		

Have you ever worked for Scranton's Thruway Builders Supplies before?..... Yes No
 If yes, please give dates and position: _____

EMPLOYMENT EXPERIENCE

Please list the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time. If self-employed, please provide the name of the firm. [Add additional page if necessary]

Name of Employer		Supervisor		May we contact?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Main Phone Number			
Dates Employed (Month/Year)					
From		To			
Job Title and Duties			Reason for Leaving		

Name of Employer		Supervisor		May we contact?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Main Phone Number			
Dates Employed (Month/Year)					
From		To			

Job Title and Duties	Reason for Leaving

Name of Employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	Main Phone Number	
Dates Employed (Month/Year)		
From	To	
Job Title and Duties	Reason for Leaving	

Have you ever been involuntarily terminated or asked to resign from any job?..... Yes No

If yes, please explain:

Please explain any gaps in your employment history:

Please list any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

EDUCATION

Please describe your educational background in the table provided below:

	School Name	Years Completed	Diploma/ Degree (Yes/No)	Course of Study/Major	Specialized Training, Skills, or Extra- Curricular Activities
High School					
College/ University					
Graduate/ Professional School					
Trade School					
Other					
Military Service					

BUSINESS AND PROFESSIONAL REFERENCES

Please list three professional references of individuals who are **not** related to you:

Name and Title	Relationship and Years Acquainted	Phone Number or Email

GENERAL INFORMATION

1. On what date are you available to begin work? _____

2. Days/Hours available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

3. Are you available to work? Full-time Part-time Shift Work Temporary

4. Minimum salary required:.....Per Hour \$_____ Per Month \$_____

5. If hired, would you have a reliable means of transportation to and from work?..... Yes No

6. Can you travel if the position requires it?..... Yes No

7. Are you at least 18 years old?..... Yes No

a. Note: If under 18, hire is subject to verification that you are of minimum legal age.

8. If hired, can you present evidence of your identity and legal right to work in this country?..... Yes No

9. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?..... Yes No

- a. Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

10. Have you been referred by a current employee?..... Yes No

a. If yes, provide their name: _____

Applicant Statement and Agreement

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

___ I hereby authorize Scranton’s Thruway Builders Supplies to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to Scranton’s Thruway Builders Supplies any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Scranton’s Thruway Builders Supplies, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. My employment is contingent upon acceptable results of a drug screen, background check, and driving history. My employment is also contingent upon providing to Scranton’s Thruway Builders Supplies a receipt of a medical physical.

___ In the event of my employment with Scranton’s Thruway Builders Supplies, I understand that I am required to comply with all rules and regulations of Scranton’s Thruway Builders Supplies.

___ If hired, unless subject to any other agreement, I understand and agree that my employment with Scranton’s Thruway Builders Supplies is at-will, and that neither I, nor Scranton’s Thruway Builders Supplies is required to continue the employment relationship for any specific term. I further understand that Scranton’s Thruway Builders Supplies or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

___ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

___ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete a Form I-9 in this regard.

___ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALLOF THE ABOVE TERMS.

Signature: _____ **Name (print):** _____ **Date:** _____

Name and number of person completing this form IF other than applicant: _____