



APPLICATION FOR EMPLOYMENT

Riverhead Building Supply is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of age, sex or gender, sexual orientation, domestic partnership, race, color, religion, ethnicity, national origin, ancestry, alienage or citizenship status, disability or handicap, marital status, veteran status, military status, arrest/conviction record, genetic information or any other legal recognized protected basis under federal, state, or local laws, regulations or ordinances. Riverhead Building Supply will endeavor to make a reasonable accommodation to the known physical or mental limitations of a qualified applicant with a disability unless the accommodation would impose an undue hardship on the operation of our business, as required by federal, state or local law. Riverhead Building Supply also is committed to accommodating religious beliefs. Please inform the Company's Human Resources Department if you need assistance completing any forms or to otherwise participate in the application process.

Riverhead Building Supply is subject to Chapters 29-38 of Title 28 of the General Laws of the State of Rhode Island, and is therefore covered by the state's workers' compensation law.

Date	
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PERSONAL INFORMATION

Last Name, First, Middle:			
Address (Number & Street, Apartment or Box No.)		City	State Zip
Home Phone:	Work Phone:	Cell/Mobile Phone:	Other Phone:
Email Address:			
Hours Available:	Are you eligible to work in the U.S.? Pursuant to the Immigration Reform and Control Act of 1986, all applicants who are offered employment must produce documents establishing their identity and authorization for employment in the United States. These documents must be produced no later than seventy-two (72) hours after employment commences. In addition, all new hires will be required to verify their employment authorization under oath by signing INS Form I-9. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Position Applied For:			
Yard Location:			
Desired Type of Employment:			
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Intern			
Date Available to Start:		Rate of Pay Expected:	

PERSONAL INFORMATION (continued from previous page)

Have you worked for RBSC in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list dates employed: From: To:	If yes, at what location?
Are you fully able to perform the duties of the job(s) for which you have applied? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, please describe any tasks which you are not able to perform and what accommodation is necessary to enable you to perform such tasks:		

SUMMARY

Are there any other experiences, skills or qualifications which you feel would especially fit you for work with the company?
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If applying for a driver position, please complete the following:

Driver License Class	Driver License Number
If employed by RBSC, employment may be conditional on the producing of a valid license which is acceptable to our insurance company.	

RECORD OF EDUCATION

School/Institution (City, State)	Did you Graduate?	Enter Last Grade Completed	Type of Diploma/Degree	Course of Study
1. High School:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled			
2. College/University:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled			
3. Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled			

EMPLOYMENT HISTORY

LIST BELOW YOUR PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT:

May we contact the employer listed below? <input type="checkbox"/> Yes <input type="checkbox"/> No				
1. Name of Employer:	Address	City	State	Zip
Dates Employed: From: To:	Weekly Salary: Start: End:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Your Job Title:	
Phone:	Supervisor's Name:		Supervisor's Title:	
Describe in detail the work you performed:			Reason For Leaving:	

May we contact the employer listed below? <input type="checkbox"/> Yes <input type="checkbox"/> No				
1. Name of Employer:	Address	City	State	Zip
Dates Employed: From: To:	Weekly Salary: Start: End:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Your Job Title:	
Phone:	Supervisor's Name:		Supervisor's Title:	
Describe in detail the work you performed:			Reason For Leaving:	

May we contact the employer listed below? <input type="checkbox"/> Yes <input type="checkbox"/> No				
1. Name of Employer:	Address	City	State	Zip
Dates Employed: From: To:	Weekly Salary: Start: End:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Your Job Title:	
Phone:	Supervisor's Name:		Supervisor's Title:	
Describe in detail the work you performed:			Reason For Leaving:	

PERSONAL REFERENCES (Not former employers or relatives)

Name	Occupation	Address	Phone	Email

PRE-EMPLOYMENT STATEMENT (Please read before signing)

I have read and fully understand the questions asked in this application. I certify that all of the answers I have given are true, accurate and complete. I understand that the omission and/or misrepresentation of any fact from or on this application or during any interview will result in immediate rejection of my application or if I am hired will be cause for immediate dismissal. I give the Company permission to verify all information provided on the application or in the interview process, including the inquiry concerning criminal conviction(s). Unless noted otherwise, I authorize the Company to contact all my employment references and personal references, as well as the education institutions I have attended. I further authorize the Company to inquire about, investigate and obtain copies of any records which relate to me from my former employers and educational institutions. I hereby release the Company and all affiliated persons and entities, as well as any person or institution that provides the Company with any lawful information about me, from any and all liability whatsoever resulting from any such lawful inquiry, investigation or communication.

If hired, I agree to abide by all of the rules and regulations of the Company. I understand and agree that nothing in this application shall constitute an offer, a contract or a guarantee of employment for a specific period of time. **If hired, I understand that my employment may be terminated with or without cause and with or without notice at any time, at the will (unless covered under an applicable collective bargaining agreement) of the Company or me. I further understand that no representative or agent of the Company, other than as specified below, has the authority to enter into any agreement for employment for any specific period of time, or to make an agreement contrary to the foregoing. I also understand that any agreement modifying my at-will employment status must be in writing and signed by the Director of Human Resources or his/her authorized representative or another authorized Company representative.** In addition, I understand that the Company and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms and conditions of employment.

I understand that any hiring decision is contingent upon my successful completion of all of the Company's lawful pre-employment checks, which may include a background check. I agree to execute any consent forms necessary for the Company to conduct its lawful pre-employment checks.

Applicant

Signature: _____ Date: _____