



Application for Employment

United Building Centers

125 W. Fifth Street, Winona, MN 55987
Equal Opportunity Employer — Drug-Free Workplace

...a Pro-Build Company

We hire employees only after verification of the information provided and background investigation. Screening tests for illegal drug use will be required before hiring and during your employment.

Name _____
Last First Middle (Other Last Names Used)

Address _____
Street City State Zip

Social Security Number _____ Home Phone _____

Driver's License Number: _____ State _____

Have you worked for UBC before? Yes No Are you age 18 or over? Yes No

Type of Work Applying for: _____

Are you willing to relocate? Yes No If yes, geographic preference _____

EDUCATION:

Are You a High School Graduate? Yes, year Graduated _____ No GED Date _____

Name & City of High School _____

Name of College or Tech. School attended: _____

Did you earn a Degree? Yes No Degree or field of study _____ When? _____

MILITARY SERVICE: Are you a Veteran? Yes No If yes, please complete the following:

Branch _____ Dates of Service: from _____ to _____

Highest Rank Achieved _____ Rank at time of Discharge _____

Type of Training _____ Type of Discharge _____

Are you now in the Active Reserve or National Guard? Yes No

EMERGENCY CONTACT INFORMATION

Name _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Place of Employment _____ Work Phone _____

Have you had any traffic offenses, excluding parking violations, in the last 4 years? Yes No

If Yes, list each offense: _____

Have you ever been convicted of a felony? Yes No If Yes, give date, details:

EMPLOYMENT HISTORY - Please list all employment, beginning with most recent

Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Dates employed: from _____ to _____ Job Title: _____

Type of Business _____ Gross monthly (or hourly) wage \$ _____

Describe duties/equipment operated: _____

Subject to DOT drug /alcohol testing? Yes No Why did you leave? _____

Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Dates employed: from _____ to _____ Job Title: _____

Type of Business _____ Gross monthly (or hourly) wage \$ _____

Describe your duties/equipment operated: _____

Subject to DOT drug /alcohol testing? Yes No Why did you leave? _____

Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Dates employed: from _____ to _____ Job Title: _____

Type of Business _____ Gross monthly (or hourly) wage \$ _____

Describe your duties/equipment operated: _____

Subject to DOT drug /alcohol testing? Yes No Why did you leave? _____

EMPLOYMENT HISTORY , continued

<u>Previous Employer</u>	<u>CITY, STATE</u>	<u>From (Year)</u>	<u>To (Year)</u>	<u>Job Title</u>	<u>Reason for Leaving</u>

I hereby affirm that my answers to the preceding questions are true and correct. I understand that any false answers or deliberate omissions on this application may be grounds for rejection of my application and, if employed, for immediate discharge. I authorize investigation of my past employment, schooling and other activities and release those persons, organizations or companies supplying information from all liability and responsibility for any damages I may suffer as a result of this information. I understand that I MUST satisfactorily complete a physical examination, if required, as a condition of employment. I am in agreement with Company policy that if my past employment record or past medical examination proves to be unsatisfactory for Company requirements, my employment will be terminated. If employed, I agree to abide by all Company regulations and policies. I certify that I am a genuine applicant for employment and that this application is being submitted solely for the purpose of seeking employment with UBC and for no other reason.

Today's Date

Applicant's Signature

IF APPLYING FOR A CDL DRIVING POSITION, YOU MUST FULLY COMPLETE THE FOLLOWING
 If you are not applying for a CDL position, please stop here

Name _____ Date of Birth _____

Drivers License Number _____ State _____ Expiration Date _____

Addresses you have resided at during the last three years:

Street	City	St	Zipcode
Street	City	St	Zipcode
Street	City	St	Zipcode

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IF APPLYING FOR A CDL DRIVING POSITION, YOU MUST FULLY COMPLETE THE FOLLOWING

1) Have you had any traffic offenses, excluding parking violations, in the last 4 years? Yes No

If Yes, list each offense: _____

2) Have you been involved in any motor vehicle accidents in the last 3 years? Yes No

If Yes, specify the dates and nature of each accident and if any fatalities or personal injuries were involved:

3) Have you ever had any type of operator's license denied, revoked, or suspended? Yes No

If Yes, list give complete details:

4) State the nature and extent of your experience in the operation of motor vehicles, including the type of equipment which you have operated:

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Today's Date

Applicant's Signature

DO NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY CENTER MANAGER

Center # _____ Starting Date _____

Position being filled _____ Full Time Part Time

Salary: \$ _____ per Hour \$ _____ Per Month Date of Birth (only if hired) _____

Remarks: (Include ANY special conditions or considerations discussed and agreed upon)

CENTER MANAGER'S SIGNATURE

DATE