

APPLICATION FOR EMPLOYMENT

BILLINGS CONSTRUCTION SUPPLY
5514 KING AVE EAST
BILLINGS, MT 59101
406-248-8355

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age disability, marital, veteran's status, sexual orientation, or any other legally protected status.
We are an Equal Opportunity Employer.

Billings Construction Supply/ REQUIRES Drug and Alcohol testing as a condition of hire and continued employment. If you feel you cannot pass this condition of hire and employment, please don't apply. You will not be charged for the test unless you terminate or are terminated within six (6) months of beginning hired.

Signature: _____



Date: _____

LAST NAME _____ FIRST NAME _____ MI _____
STREET ADDRESS _____ CITY _____ STATE MT ZIP 59522
HOME PHONE: _____ CELL PHONE _____
E-MAIL _____ SOCIAL SECURITY NUMBER _____ - _____ - _____

ANSWER ALL QUESTIONS WITH A YES OR NO, UNLESS OTHERWISE SPECIFIED.

POSITION YOU ARE APPLYING FOR? _____

IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE PROOF OF YOUR ELIGIBILITY TO WORK?

Yes No

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY, BECAUSE OF VISA OR IMMIGRATION STATUS?

Yes No

(PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)
Two (2) FORMS of I.D. IS REQUIRED UPON EMPLOYMENT

HAVE YOU BEEN EMPLOYED WITH US BEFORE?

Yes No

*IF YES PLEASE GIVE DATES _____

ARE YOU CURRENTLY EMPLOYED?

Yes No

MAY WE CONTACT YOUR PRESENT EMPLOYER?

Yes No

ON WHAT DATE WILL YOU BE AVAILABLE FOR WORK? _____

ARE YOU AVAILABLE TO WORK: (Indicate with an "x" all that apply)

Full Time Part Time Temporary

CAN YOU TRAVEL IF A JOB REQUIRES IT?

Yes No

DO YOU HAVE A VALID DRIVERS LICENSE?

Yes No

***OUR INSURANCE REQUIREMENTS DICTATE THAT EMPLOYEES HAVE NO MORE THAN ONE ACCIDENT OR MOVING VIOLATION IN THE PAST THREE YEARS, CAN YOU MEET THIS REQUIREMENT?**

***A MVR (Motor Vehicle Report) will be requested and reviewed.**

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS?

Yes No

EMPLOYMENT EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB, LUDE ANY JOB RELATED MILITARY ASSIGNMENTS AND VOLUNTEER ACTIVITIES, YOU MAY EXCLUDE ORGANIZATIONS WHICH INDICATES RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGINS, DISABILITIES OR OTHER PROTECTED STATUS.

1. EMPLOYER: _____

ADDRESS _____
CITY ST ZIP _____

DATES
EMPLOYED: FROM: _____ To: _____

JOB TITLE: _____

SUPERVISOR: _____ PHONE NUMBER: _____

PAY RATE START: _____ FINAL: _____ PER MONTH / HOUR

WORK PERFORMED: _____

REASON FOR LEAVING: _____

2. EMPLOYER: _____

ADDRESS _____
CITY ST ZIP _____

DATES
EMPLOYED: FROM: _____ To: _____

JOB TITLE: _____

SUPERVISOR: _____ PHONE NUMBER: _____

PAY RATE START: _____ FINAL: _____ PER MONTH/HOUR

WORK PERFORMED: _____

REASON FOR LEAVING: _____

3. EMPLOYER: _____

ADDRESS
CITY ST ZIP _____

DATES
EMPLOYED: FROM: _____ To: _____

JOB TITLE: _____

SUPERVISOR: _____ PHONE NUMBER: _____

PAY RATE START: _____ FINAL: _____ PER MONTH / HOUR
WORK
PERFORMED: _____

REASON FOR LEAVING: _____

EDUCATION

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/DEGREE
ELEMENTARY SCHOOL				
HIGH SCHOOL				
COLLEGE TRADE SCHOOL OR OTHER				

