



## PREVIOUS EMPLOYERS

Account for all periods of unemployment. You must complete this section even if attaching a resume.

Are you currently employed? Yes \_\_\_ No \_\_\_ May we contact your employer? Yes \_\_\_ No \_\_\_

**(Start with the most recent)**

COMPANY	DATES & SALARY	DESCRIBE DUTIES	REASON FOR LEAVING
Name _____ Address _____ _____ Phone _____ Supervisor _____	From _____ To _____ Salary _____	_____ _____ _____	_____ _____ _____
Name _____ Address _____ _____ Phone _____ Supervisor _____	From _____ To _____ Salary _____	_____ _____ _____	_____ _____ _____
Name _____ Address _____ _____ Phone _____ Supervisor _____	From _____ To _____ Salary _____	_____ _____ _____	_____ _____ _____

Note any special skills, licenses, or training which particularly qualify you for this position which you are now making the application: \_\_\_\_\_

**Please Read the Following Statements Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_ "If hired, I understand that I will be required to submit evidence of U.S. citizenship or proof of my legal right to work and live in this Country. "I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that any falsifications or misstatements on this application can result in denial of or dismissal from employment. I also agree to a D.M.V. check of my driving record"

\_\_\_\_\_ "I hereby authorize the investigation of all Statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

\_\_\_\_\_ "I hereby understand and acknowledge that employment is at the mutual consent of the employee and the employer. Accordingly, either the employee or the employer can terminate the employment relationship at will. It is further understood that this **AT WILL** employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of this company."

\_\_\_\_\_ "I agree to a pre-placement physical examination and drug test at Company expense."

**APPLICANTS SIGNATURE**

**DATE**

It is the policy of Sepulveda Building Materials, to hire all employees without regard to race, religious creed, color, gender, ancestry, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.



## MEDICAL EXAMINATION POLICY

Physical examinations and drug examinations are mandatory for all entering employees. All examinations will be conducted by a Medical Group designated by Sepulveda Building Materials at Sepulveda Building Materials' expense.

Employment with Sepulveda Building Materials is contingent upon satisfactory results of these examinations.

## MVR POLICY FOR SEPULVEDA BUILDING MATERIALS

All prospective employees must submit a current Motor Vehicle Record prior to employment since all employees may be required to drive a company vehicle for business purposes as part of their job duties.

All employees are subject to annual Motor Vehicle Report reviews by the company's insurance carrier. Employee having adverse reports will be subject to counseling, discipline, and/or termination.

Employees using their personal vehicles for company business must carry insurance and proof of insurance shall be a part of the employee's file. No mileage reimbursement for personal car use will be made to employees without documented insurance coverage.

It is the supervisor's duty to insure compliance with the above policies.

# Fair Credit Reporting Employee Permission Letter

## To: Sepulveda Building Materials

It is understood that my job position with Sepulveda Building Materials Inc. *requires\** me to drive a Company owned vehicle, and/or my own vehicle on company business. I understand that the insurance company writing your automobile policy also requires a copy of my current driving record, to assess my insurability. I also understand that I have the right to see a copy of my motor vehicle report.

By this letter, I hereby authorize the in insurance company and /or it's agent (s) to obtain all necessary motor vehicles records.

Applicants Name (please print) \_\_\_\_\_ CDL# \_\_\_\_\_

Applicants Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

*requires\* (may require me to drive)*

