

Could you work overtime? Yes ____ No ____

What date could you start work? _____

Education

High School

School Name: _____

City and State: _____

Degree or # of Years Completed: _____

Major or Subject: _____

Grade Point Average: _____

College

School Name: _____

City and State: _____

Degree or # of Years Completed: _____

Major or Subject: _____

Grade Point Average: _____

List any certificates earned or in progress, and/or any additional training programs not included in your formal education.

List any Professional Affiliations to which you belong (please do not list activities which would indicate age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability):

Previous Employment

List your current or most recent employment first. Include work related internships, military and volunteer work.

Current Employer: _____

City and State: _____

Telephone Number: _____

Supervisor's Name and Title: _____

Position Title: _____

Reason for Leaving: _____

Salary: _____ per Hour Week Month Year (circle one)

Dates of Employment: From: _____ To: _____

May We Contact Your Employer: Yes ___ No ___

Previous Employer: _____

City and State: _____

Telephone Number: _____

Supervisor's Name and Title: _____

Position Title: _____

Reason for Leaving: _____

Salary: _____ per Hour Week Month Year (circle one)

Dates of Employment: From: _____ To: _____

May We Contact Your Employer: Yes ___ No ___

Previous Employer: _____

City and State: _____

Telephone Number: _____

Supervisor's Name and Title: _____

Position Title: _____

Reason for Leaving: _____

Salary: _____ per Hour Week Month Year (circle one)

Dates of Employment: From: _____ To: _____

May We Contact Your Employer: Yes ___ No ___

Other Qualifications

Professional References

Name	Title	Company	Phone	Professional Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Authorization, Releases, Terms of Employment, and Applicant's Signature

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me by Choicepoint Inc or other agencies including previous employers, schools, consumer credit, criminal convictions, motor vehicle, public records, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that Steinhouse Supply Co may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from Steinhouse Supply Co and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

All hiring and employment at Steinhouse Supply Co is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by Steinhouse Supply Co has no specific term and may be terminated by the employee or Steinhouse Supply Co with or without notice. I acknowledge that Steinhouse Supply Co has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with Steinhouse Supply Co, and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to Steinhouse Supply Co. I agree to release and hold harmless Steinhouse Supply Co from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Steinhouse Supply Co may be terminated.

Applicant's Signature

Date

Applicant Release

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose:

Print Full Name: _____ Sex: Male ___ Female ___

Print other names you have used: _____ Dates used: _____

Date of Birth (mm/dd/yy): _____ Social Security #: _____

Current Drivers License #: _____ Issuing State: _____

Home Addresses for the last 7 years, list most current first:

Street: _____ City: _____ State: _____

Zip: _____ County: _____

From - To Dates: _____ - _____

Street: _____ City: _____ State: _____

Zip: _____ County: _____

From - To Dates: _____ - _____

Street: _____ City: _____ State: _____

Zip: _____ County: _____

From - To Dates: _____ - _____

Street: _____ City: _____ State: _____

Zip: _____ County: _____

From - To Dates: _____ - _____

Applicant's Signature

Date

Pre-Employment Drug Testing Consent and Release Form

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Steinhouse Supply Co in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that Concentra Medical Center may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis.

I further agree to and hereby authorize the release of the results of said tests to Steinhouse Supply Co.

I understand that it is the current illegal use of drugs and/or abuse of alcohol that prohibits me from being employed at Steinhouse Supply Co.

I further agree to hold harmless Steinhouse Supply Co and its agents, including Concentra, from any liability arising in whole or part out of the collection of specimens, testing, and use of the information from said testing in connection with Steinhouse Supply's consideration of my employment application.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant Print Name _____ S S# _____

Applicant Signature _____ Date _____

Witness Print Name _____

Witness Signature _____

Steinhouse Supply Co Math Test

Applicant _____ Date _____

$16 + 50 =$

$42 \times 30 =$

$28 \times 26 =$

$23 + 28 =$

$39 - 59 =$

$30 \times 15 =$

$57 \times 28 =$

$35 + 41 =$

$58 - 34 =$

$31 \times 28 =$

$18 - 15 =$

$23 \times 52 =$

$24 + 18 =$

$27 + 29 =$

$10 - 52 =$

$40 \times 42 =$

$37 - 35 =$

$44 + 46 =$

$42 + 48 =$

$45 - 25 =$