



APPLICATION FOR EMPLOYMENT

CORPORATE OFFICE
Watertown, SD
(605) 886-3495

COUNCIL BLUFFS
Council Bluffs, IA
(712) 366-2521

IOWA
Evansdale, IA
(319) 233-7476

SOUTH DAKOTA
Sioux Falls, SD
(605) 336-3460

NORTH DAKOTA
Fargo, ND
(701) 282-5700

WISCONSIN
Watertown, WI
(800) 728-8624

(PLEASE PRINT)

Position(s) Applied For			Date of Application ()
Last Name	First Name	Middle Initial	Home Phone ()
Street Address			Cell Phone
City, State, Zip			

How did you learn about us?

- Advertisement
 Friend
 Inquiry
 Employment agency
 Relative
 Other

Best time to contact you is:			
If you are under 18 years of age, can you provide required proof of eligibility to work?	Yes		No
Have you ever filed an application with us before? <i>If yes, give date:</i>	Yes		No
Have you ever been employed with us before? <i>If yes, give date:</i>	Yes		No
Are you related to anyone currently or previously employed by our company? <i>If yes, state name, relationship and location:</i>	Yes		No
Are you legally authorized to work in the United States? <i>Proof of citizenship or immigration status will be required upon employment.</i>	Yes		No
Are you currently on "lay-off" status and subject to recall?	Yes		No
Can you travel if required by this position?	Yes		No
Do you have any objection to working overtime if necessary?	Yes		No

Date available for work: / /	Desired salary range: \$		
Are you available to work: <i>(check all that apply)</i>	<input type="checkbox"/> Full Time	<input type="checkbox"/> Day Shift	
	<input type="checkbox"/> Part Time	<input type="checkbox"/> Night Shift	
	<input type="checkbox"/> Temporary	<input type="checkbox"/> Weekend Shift	

- Branch Applying For:
 Corporate
 South Dakota
 Iowa
 Wisconsin
 North Dakota
 Council Bluffs

Education

School	Name & Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (specify)				

Work Experience

Please provide employment information starting with your last employer, including military service.

	Date Employed		Work Performed
Employer	From	To	
Address			
Telephone #	Hourly Rate/Salary		
Title	Starting	Final	
Supervisor			
Reason For Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

	Date Employed		Work Performed
Employer	From	To	
Address			
Telephone #	Hourly Rate/Salary		
Title	Starting	Final	
Supervisor			
Reason For Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

	Date Employed		Work Performed
Employer	From	To	
Address			
Telephone #	Hourly Rate/Salary		
Title	Starting	Final	
Supervisor			
Reason For Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Include explanation of any gaps in employment.	

Other Skills & Qualifications

Summarize any job related training, skills, licenses, certificates and qualifications including the military.

Personal & Professional References *Do not include family members.*

Name	Phone Number	Years Known	Occupation
1.			
2.			
3.			

Applicant's Certification & Agreement

Building Products Inc. is an equal opportunity employer. Building Products Inc. does not discriminate in employment on account of race, color, religion, national origin, age (40 or older), sex (including sexual harassment), sexual orientation, physical or mental disability, genetic information, military and veteran status or any other legally protected status.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Building Products Inc. to hire me. If I am hired, I understand that either Building Products Inc. or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Building Products Inc. has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Building Products Inc. true and complete information on this application. No requested information has been concealed. I authorize Building Products Inc. to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Applicant Signature

Date

TRUSTED TEAM - TRUSTED NAME - TRUSTED RESULTS