

**DOHENY BUILDERS SUPPLY**  
25789 LAS VEGAS AVE., CAPISTRANO BEACH, CA. 92624  
(949) 240-3585 OFFICE (949) 240-1786

**EMPLOYMENT APPLICATION**

DOHENY BUILDERS SUPPLY STATEMENT: WE PROVIDE BUILDING SUPPLIES TO OUR CUSTOMERS AND WE DELIVER OUR PRODUCTS. ABILITY TO LIFT HEAVY MATERIALS IS REQUIRED FOR YARD/DRIVER POSITIONS. PROTECTIVE/SUPPORTIVE EQUIPMENT IS SUPPLIED FOR YOUR SAFETY. EVEN THOUGH, EVERYONE HAS A SPECIFIC JOB TITLE, OUR STAFF IS EXPECTED TO HELP WHEN/WHERE HELP IS NEEDED. OUR POLICY IS THAT CUSTOMER SERVICE IS NUMBER ONE.

**PERSONAL INFORMATION**

NAME:(LAST NAME FIRST) \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

**EMPLOYMENT DESIRED**

POSITION: \_\_\_\_\_ START DATE: \_\_\_\_\_

SALARY DESIRED: \_\_\_\_\_ ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_

IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

HAVE YOU EVER HAD A WORKMAN'S COMP CLAIM? \_\_\_\_\_ IF YES PLEASE  
GIVE DATES AND & EXPLANATION \_\_\_\_\_

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_

HAVE YOU EVER HAD YOUR WAGES GARNISHED? \_\_\_\_\_ IF YES, PLEASE  
EXPLAIN \_\_\_\_\_

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TYPE OF IDENTIFICATION PROVIDED: \_\_\_\_\_

**DRIVING INFORMATION: DMV REPORT REQUIRED**

DRIVERS LICENSE # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

DO YOU HAVE A CLASS B LICENSE? \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED? \_\_\_\_\_ DATE: \_\_\_\_\_ REASON: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_ IF YES, PLEASE GIVE DATE AND EXPLANATION: \_\_\_\_\_

**EDUCATION HISTORY**

HIGH SCHOOL \_\_\_\_\_ GRADUATE? YES \_\_\_\_\_ NO \_\_\_\_\_

COLLEGE \_\_\_\_\_ GRADUATE? YES \_\_\_\_\_ NO \_\_\_\_\_

TRADE BUSINESS OR CORRESPONDENCE SCHOOL: \_\_\_\_\_

U.S. MILITARY: \_\_\_\_\_

**EMPLOYMENT HISTORY**

<u>MO. YEAR</u>	<u>NAME &amp; ADDRESS</u> <u>OF EMPLOYER</u>	<u>PHONE #</u>	<u>SALARY</u>	<u>POSITION</u>	<u>REASON</u> <u>FOR LEAVING</u>
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**REFERENCES:** GIVE NAMES OF THREE (3) PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE (1) YEAR.

<u>NAME:</u>	<u>ADDRESS:</u>	<u>PHONE:</u>	<u>BUSINESS:</u>	<u>YEARS</u> <u>KNOWN</u>
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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**AUTHORIZATION**

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AN I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HERIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOMENT AND PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FORGOING, UNLESS IT IS IN WRITNG AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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