



25789 Las Vegas Avenue,
Capistrano Beach, CA 92624-1112
T. 949.240.3585 F. 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 HAD SPECIFIC JOB TITLE, OUR STAFF IS EXPECTED TO HELP WHEN AND WHERE HELP IS NEEDED. OUR POLICY IS THAT CUSTOMER SERVICE IS NUMBER ONE.

PERSONAL INFORMATION

First name: _____ Last name: _____
Social Security: _____
Home address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Mobile: _____ Email: _____
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 explanations:

Have you ever applied to this company before? _____
Have you ever had your wages garnished? _____ If yes please explain: _____

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 dates and explanations:



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EDUCATION HISTORY

High School: _____ Graduate?: Yes No

College: _____ Graduate?: Yes No

Trade business or correspondence school: _____

U.S. Military: _____

EMPLOYMENT HISTORY

Company name: _____ **Start date:** _____ **End date:** _____

Phone# _____ **Salary:** _____ **Position:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Reason for leaving: _____

Company name: _____ **Start date:** _____ **End date:** _____

Phone# _____ **Salary:** _____ **Position:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Reason for leaving: _____

Company name: _____ **Start date:** _____ **End date:** _____

Phone# _____ **Salary:** _____ **Position:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Reason for leaving: _____

REFERENCES

Name & Business: _____ **Phone#** _____ **Years known:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Name & Business: _____ **Phone#** _____ **Years known:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Name & Business: _____ **Phone#** _____ **Years known:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____



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AUTHORIZATION

I CERTIFY THAT THE FACT 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 HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT 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 WRITING 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 DISABILITY ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS.

Signature: _____ Date: _____

Interviewed by: _____ Date: _____