



Kirchner Building Centers

P.O. Box 410 Kansas, IL 61933
 303 S. Sixth St. Marshall, IL 62441
 #1 Sixth St. Charleston, IL 61920
 2403 Lakeland Blvd. Mattoon, IL 61938

P.O. Box 189. Ogden, IL 61859
 508 W. Williams St. Danville, IL 61832
 600 W. Main Casey, IL 62420
 349 N. Market St. Paxton, IL 60957
 401 E. Decatur Newton, IL 62448

Attach When Applicable
Appendix O _____
Appendix F _____

EMPLOYMENT APPLICATION

We adhere to the Illinois Drug Free Workplace Act.
Federal and/or State law prohibits discrimination on the basis of race, color, religion, sex, national origin, age, or disability.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Social Security No.: _____ Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you 18 Yrs. Or Older? YES NO Are You 21 Yrs. Or Older? YES NO

Have you ever applied with this company? YES NO _____

Are you related to anyone currently employed with our company? YES NO

If yes, please state name: _____ Referred By: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Subjects of special study or research work _____

Describe any special skills you have which relate to position sought _____

References

Please list three personal references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Previous Employment

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

If offered a position with this company, you must produce legally required documentation demonstrating your eligibility to work in the United States and establishing your identity before you can begin employment. This company affords equal opportunity to all qualified persons, and no person shall be discriminated against in employment because of age, race color, religion, sex national origin or disability. If you believe you have been discriminated against for any of the above reasons in consideration of your job application, please notify the President of Kirchner Building Centers at P.O. Box 410, Kansas, IL 61933. It is also your right to notify the Equal Employment Opportunity Commission, Washington, D.C., or any appropriate local or state agency, of your complaint.

Please review your application and read this paragraph carefully. When you have done so, please indicate by signing below. I authorize investigation of all statements contained in this application and supplemental appendices. I understand that misrepresentation or omission of facts called for is cause for dismissal. I recognize that this application is not an offer for a contract of employment. I further recognize and agree that if I am employed by the company, such employment will not result in a contract for employment and that the company may terminate my services at any time for any reason. I further recognize if I am employed by the company that I will receive compensation and benefits, and be subject to rules and regulations, but I agree that such compensation, benefits, rules and regulations are subject to change by the company at any time with or without notice to me. I further recognize that nothing contained in any documents published by the company shall in any way modify the above terms and that these terms cannot be modified in any way by any oral or written representations made by anyone employed by the company except in writing by the President, Vice President of Operations or the manager. I understand and agree that if I am offered employment, that employment may be conditional upon my taking and passing a drug and alcohol test and/or a medical examination, as given to all entering employees in the same job category.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

NOTICE BEFORE ORDERING CONSUMER REPORTS

(Including Motor Vehicle Reports and Credit Reports)

The Fair Credit Reporting Act (FCRA) provides individuals with certain rights regarding consumer reports and places certain obligations on employers using consumer reports for employment-related purposes. Consistent with the FCRA's requirements, this notice is provided to you in order to inform you that Kirchner Building Centers may, for employment-related purposes (e.g., evaluating you for initial employment, promotions, transfers, assigned duties, retention as an employee, etc.), obtain from a consumer reporting agency one or more consumer reports containing financial information, criminal record information, driving record information and/or other relevant information about you. Kirchner Building Centers will not obtain a consumer report without your signature below authorizing us to obtain one or more consumer reports.

AUTHORIZATION TO OBTAIN CONSUMER REPORTS

I hereby acknowledge that I have read and understand the contents of the above notice and, by signing below, specifically authorize Kirchner Building Centers to obtain one or more consumer reports on me for employment-related purposes as indicated above.

First Name (please print)

Middle Initial

Last Name

Signature

Date

SUPPLEMENT TO GENERAL APPLICATION

NAME: _____ DATE: _____

List Previous Home Address (past 5 years)

| Address | Date From | To | Owned/Rented |
|---------|-----------|-------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Have you ever been discharged from previous employment? _____

Explain: _____

Have you ever been self-employed? _____ Currently? _____

Will you be engaged in other employment? _____

Explain, if yes: _____

Have your actions ever caused you to be held responsible for shortages of funds or property at previous employment? _____

Explain, if yes: _____

Have you ever been convicted of a crime? _____

Explain, if yes: _____

Have you ever been refused a bond, or had a bond cancelled at previous employment or self-employment? _____

Explain, if yes: _____

I understand that any false information given by me in the Application and Supplement can result in immediate termination. In the event I am offered employment, I consent to and authorize investigation of statements made by me in this application, and expressly waive all claims against Kirchner Building Centers, its officers, agents, and employees resulting from such investigation. I understand that this application is not an offer of employment. I have read and understand the above.

DATE: _____ SIGNATURE OF APPLICANT: _____

SUPPLEMENT TO GENERAL APPLICATION

NAME: _____ DATE: _____

Current Motor Vehicle Operators License Number: _____

State of Issue: _____

Previously Licensed State: _____

Restrictions to License: _____

Attach photocopy (Legible) of current license
And motor vehicle driving record

Has your license ever been: Revoked? _____

Suspended? _____

Date: _____

Location: _____

Explain reason: _____

List vehicle accidents in last 5 years: _____

List moving violations in last 5 years: _____

Have you ever been convicted of drunken driving? _____

Reckless driving? _____ Vehicular homicide? _____

If yes, give dates and description: _____

Have you taken any defensive driving courses? _____

If yes, describe: _____