



DASH BUILDING MATERIALS CENTER, INC.
 9100 Chef Menteur Hwy., New Orleans, LA 70127
 504.241.3555

APPLICATION FOR EMPLOYMENT

(AN EQUAL OPPORTUNITY EMPLOYER)

To be considered for employment, you **MUST** complete all sections of this application (please print). Applications are held for consideration for 90 days. In compliance with Federal and State Equal Opportunity Laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or the presence of disability.

PERSONAL INFORMATION				DATE OF APPLICATION	
LAST NAME		FIRST	MIDDLE	HOME PHONE NUMBER	
CURRENT STREET ADDRESS			CITY, STATE ZIP		CELL PHONE NUMBER
HOW LONG HAVE YOU LIVED AT THIS ADDRESS?		EMAIL ADDRESS		OTHER PHONE NUMBER	
RELATED TO ANYONE IN OUR EMPLOYMENT: <input type="checkbox"/> Yes <input type="checkbox"/> No			IF YES, ASSOCIATES NAME/ DEPARTMENT		
HAVE YOU APPLIED/ PREVIOUSLY BEEN EMPLOYED BY DASH: <input type="checkbox"/> Yes <input type="checkbox"/> No				IF YES, PROVIDE DATE(S)	
ARE YOU A US CITIZEN: <input type="checkbox"/> Yes <input type="checkbox"/> No			IF NO, ALIEN REGISTRATION: <input type="checkbox"/> Yes <input type="checkbox"/> No		
IF YOU ARE UNDER 18, YOUR AGE:		HAVE YOU EVER BEEN CONVICTED OF A CRIME: <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF YES, PLEASE EXPLAIN THE NUMBER OF CONVICTION(S), NATURE OF OFFENSE(S) LEADING TO CONVICTION(S), HOW RECENTLY SUCH OFFENSE(S) WAS/WERE COMMITTED, SENTENCE(S) IMPOSED AND TYPE(S) OF REHABILITATION:					
DO YOU HAVE A DRIVER LICENSE: <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, LICENSE NUMBER	STATE ISSUED	EXPIRATION DATE	
HAVE YOU EVER BEEN IN THE ARMED FORCES: <input type="checkbox"/> Yes <input type="checkbox"/> No			ARE YOU CURRENTLY IN THE NATIONAL GUARD: <input type="checkbox"/> Yes <input type="checkbox"/> No		
SPECIALTY:		ENTRANCE DATE:		DISCHARGE DATE:	
EMPLOYMENT HISTORY & EXPERIENCE					PLEASE LIST MOST RECENT JOB FIRST
START	END DATE	NAME OF EMPLOYER	POSITION/ JOB TITLE	REASON FOR LEAVING	FOR H/R USE ONLY
WAGE		EMPLOYER PHONE NUMBER	NAME OF SUPERVISOR		
JOB RESPONSIBILITIES					
START	END DATE	NAME OF EMPLOYER	POSITION/ JOB TITLE	REASON FOR LEAVING	FOR H/R USE ONLY
WAGE		EMPLOYER PHONE NUMBER	NAME OF SUPERVISOR		
JOB RESPONSIBILITIES					
START	END DATE	NAME OF EMPLOYER	POSITION/ JOB TITLE	REASON FOR LEAVING	FOR H/R USE ONLY
WAGE		EMPLOYER PHONE NUMBER	NAME OF SUPERVISOR		
JOB RESPONSIBILITIES					

PLEASE CHECK ALL THAT APPLY:

- 2 YRS COMMERCIAL DRIVING
 2 YRS FORKLIFT EXPERIENCE
 BI- OR MULTI-LINGUAL
 CURRENT CDL
 2 YRS CUSTOMER SERVICE/ LIST INDUSTRY _____

PLEASE PROVIDE ADDITIONAL INFORMATION ON RELATED JOB EXPERIENCES:

FOR H/R USE ONLY

EMPLOYMENT DESIRED

DATE AVAILABLE TO START WORK

POSITIONS APPLIED FOR	DESIRED SALARY/ WAGE	HOW MANY HOURS CAN YOU WORK WEEKLY?
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PLEASE LIST THE DAYS/ HOURS YOUR ARE **NOT** AVAILABLE TO WORK:

MON	TUES	WED	THUR	FRI	SAT	SUN
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EDUCATION

HIGH SCHOOL/ GED	Name of School/ City and State	Dates of Attendance	Graduation Date
COLLEGE	Name of School/ City and State	Graduation Date	Course of Study
	Name of School/ City and State	Graduation Date	Course of Study
TRADE, BUSINESS OR CERTIFICATE PROGRAMS	Name of School/ City and State	Graduation Date	Course of Study
	Name of School/ City and State	Graduation Date	Course of Study

PROFESSIONAL REFERENCES

NAME	PHONE NUMBER(S)	OCCUPATION	FOR H/R USE ONLY
NAME	PHONE NUMBER(S)	OCCUPATION	
NAME	PHONE NUMBER(S)	OCCUPATION	

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

I authorize DASH to make investigations and inquiries of my personal, employment, financial, medical history or consumer reports. I authorize inquiries of any person, educational institution or organization to give or to verify information pertinent to my application for employment at DASH Building Materials Center, Inc. The signature of the job applicant on this application verifies that permission was granted to DASH Building Materials Center, Inc. to reference as applicable. Employers In the event that DASH utilizes a consumer report, in whole or part, in making an adverse decision with regard to potential employment, before making the decision, DASH will provide the applicant with a copy of the consumer report and a description, in writing, of an individuals rights under the law.

I understand and agree that this application and other submissions become the property of DASH and that any false statements or any false answers on this application form or any supplements thereto or in any interviews may result in cancellation of my application or in immediate dismissal if subsequently employed. I further understand that all offers of employment must be confirmed in writing. I agree to take a physical examination and/ or drug screening if required; to return any company property upon termination of my employment; and to comply with all rules, regulations, policies and procedures of DASH. This form is executed with the intention to be legally bound.

Applicant's Signature: _____ Date: _____

H/R USE ONLY

DATE OF HIRE	HIRING MGR	STARTING WAGE
COMMENTS		