

**William A. Geppert, Inc.
Employment Information**



BUILDING MATERIALS SINCE 1925

More than just a lumber yard!

LUMBER · MILLWORK · HARDWARE · BUILDING MATERIALS · RENTAL

OUR APPLICATION POLICIES

- Applications may be completed **ONLY** when we are accepting applications.
- Applicants must use one of our forms.
- Applications missing critical information will not be considered.
- Applications containing additional information not asked for will not be considered.
- Applications will be considered "active" for a period of 90 days from the date they were initially signed except as noted in the "Job Application Policy" section of the Application for Employment.
- Interviews will be held by appointment.
- We do check references!

PLEASE NOTE

- All applicants offered a position agree to comply with the provisions of our **DRUG** and **ALCOHOL** testing policy and understand that violations of the policy will be considered willful misconduct and will result in discipline up to and including termination of employment.
- All applicants offered a position considered physically demanding or safety sensitive will be required to successfully pass a physical ensuring they can safely perform the position being offered.
- All applicants offered a position that requires driving will be required to have a valid driver's license and a safe driving record.
- All applicants offered a position may, as necessary and if permitted by law or regulation, be required to successfully complete a criminal background check and child abuse history clearance.
- All applicants are required at time of application to review the Job Description for the position they are applying and agree they are able to meet all aspects of the position.

I understand and agree to the above:

Print Name: _____

Signature: _____

Date: _____

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APPLICATION FOR EMPLOYMENT IMPORTANT AUTHORIZATIONS AND UNDERSTANDINGS

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INTRODUCTION

Thank you for your interest in our Company. The purpose of this application packet is to provide you with pertinent information about the job for which you are applying, information about the Company, and to assist you in comparing your qualifications with those required to be considered for the position.

Our goal is to hire and retain the best employees and provide them with a healthy, safe, and productive work place. Our employees are our most valuable resource and will be treated as such.

EQUAL EMPLOYMENT OPPORTUNITY

All qualified applicants will be considered on their merits and without regard to age, citizenship, color, disability, genetic information (including family members' genetic information), marital status, national origin, race, religion, sex (including pregnancy), veteran status, sexual orientation, or any other status protected by law.

REASONABLE ACCOMMODATION

If you need assistance or an accommodation during the application process because of a disability, it is available upon request. We are pleased to provide such assistance and no applicant will be penalized as a result of such a request.

HIRING DECISIONS

We hire based on personal contact with individuals. We base our hiring decision on a variety of factors including skills and ability to perform the job, prior employment record, employment references, attitude, interpersonal skills, willingness to accept the offered salary, and personal interviews.

GENERAL WORK AND SCHEDULING RULES

All employees are expected to work the hours appropriate for their employment status. Full time employees are expected to be available for a minimum 40 hour work week. Overtime, weekend, and 24 hour on-call availability is required. Part time and temporary employees are expected to be available for the hours for which they committed to work at the time of hire.

CONFLICT OF INTEREST

Our employees are prohibited from working for or having an ownership interest in any other company or organization of any size or type where there is a potential conflict of interest with our business except with the approval of the Company. The Company employees may not own (in whole or in part, directly or indirectly), manage, be a consultant to, or have any relationship with another similar company or organization.

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NAME AND ADDRESS INFORMATION			
Last Name:	First Name:	Middle Name:	
Present Address: Street:	City:	State/Zip:	Telephone: ()
Permanent Address: Street:	City:	State/Zip:	Telephone: ()
Mobile/Beeper/Other Phone #: ()			

WORK ELIGIBILITY INFORMATION		
<p style="text-align: center;">Only U.S. citizens or aliens who have a legal right to work and remain permanently in the U.S. are eligible for employment. The Immigration Reform and Control Act of 1986 requires employment eligibility of all new hires.</p>		
No person under the age of 18 shall be employed without a general or vacation employment certificate. Are you 18 years of age or older?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have the right to remain and work permanently in the United States?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, can you furnish proof of age and that you are eligible to work in the United States?: <input type="checkbox"/> Yes <input type="checkbox"/> No

POSITION INFORMATION		
Position Desired:	Pay Expected:	Date You Could Start:
Check (_) Hours You Are Available To Work (please check all that apply): <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekend <input type="checkbox"/> Day Shift <input type="checkbox"/> Evening Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Overtime		
Are you employed now?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently on "layoff" status and subject to recall?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect to maintain your present business or employment?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain: What are your current hours and days of work? _____	
Have you ever worked for us before?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state position, date, and reason for leaving:	
Have you ever applied to us before?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state position, date, and outcome of application:	
Do you have any relatives currently employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name:	

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U.S. MILITARY SERVICE INFORMATION			
Have you ever served in the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list branch of service and last rank:		
REFERRAL INFORMATION			
Referred By: <input type="checkbox"/> Initiative <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Employee Name _____ <input type="checkbox"/> Career Placement <input type="checkbox"/> Phone Book <input type="checkbox"/> Other? _____			
EDUCATION	Name of School Location of School	Did You Graduate?	Degrees or Major Field of Interest
High School or GED	_____	<input type="checkbox"/> Yes	
	_____	<input type="checkbox"/> No	
College	_____	<input type="checkbox"/> Yes	
	_____	<input type="checkbox"/> No	
Trade or Business School	_____	<input type="checkbox"/> Yes	
	_____	<input type="checkbox"/> No	
Are you planning to pursue further studies: <input type="checkbox"/> Yes <input type="checkbox"/> No		If 'yes', please explain:	
EMPLOYMENT HISTORY	Beginning with the MOST RECENT, list all jobs including volunteer work, part time employment while in school, military service, self employment, and unemployment. Please account for all periods of employment and unemployment for at least the past ten (10) years and including at least the last three (3) employers.		
(1) Employer:		Telephone: ()	
Street Address:	City:	State:	Zip:
Period Employed (Month/Year):	From:	To:	
Supervisor Name and Title:	Your Job/Position Title:		
Description of Your Duties:			
Reason for Leaving:			
May We Contact the Employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
(2) Employer:		Telephone: ()	
Street Address:	City:	State:	Zip:
Period Employed (Month/Year):	From:	To:	
Supervisor Name and Title:	Your Job/Position Title:		
Description of Your Duties:			
Reason for Leaving:			
May We Contact the Employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
(3) Employer:		Telephone: ()	
Street Address:	City:	State:	Zip:
Period Employed (Month/Year):	From:	To:	
Supervisor Name and Title:	Your Job/Position Title:		
Description of Your Duties:			
Reason for Leaving:			
May We Contact the Employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No			

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FORMER EMPLOYER REFERENCE REQUEST

Applicant Name: _____

Position Applied For: _____

I hereby authorize my former employer listed below to furnish any information concerning my personal character, habits, or employment record and I hereby release such employer from any liability or damages as a result of furnishing such information.

Today's Date: _____

Applicant's Signature: _____

Former Supervisor's Name: _____

Former Employer's Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Dear Sir/Madam:

The above named applicant has indicated that he/she was previously employed by you. Your evaluation of him/her will be appreciated. Since his/her employment is pending, your earliest reply will be helpful. Thank you for your time and consideration.

Dates Employed: _____

Position/s Held: _____

Reason/s for Leaving: _____

Would You Re-Hire?: _____

Please check the appropriate response:

Attendance: Excellent Average Below Average

Quality of Work: Excellent Average Below Average

Teamwork: Excellent Average Below Average

Additional Comments: _____

Completed By: _____

Title: _____

Date: _____

Thank you.

Former Employer:

Please reply to: (215) 659-6006 (phone) or (215) 659-8690 (fax)

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Applicant's Signature: _____

Former Supervisor's Name: _____

Former Employer's Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

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**IMPORTANT!
PLEASE READ BEFORE SIGNING**

COMPLETENESS AND ACCURACY OF INFORMATION

I represent that all of the information given by me in support of my application for employment is true and complete. I understand that any false, omitted or misleading information submitted during the application process will disqualify me from consideration for hire. If I have already been hired before the falsification or omission is discovered, my employment will be terminated. Information not specifically requested on the application will render the employment application unacceptable.

AUTHORIZATION FOR RELEASE OF INFORMATION AND RELEASE FROM LIABILITY

I acknowledge that a routine inquiry may be made which will provide applicable information concerning my character, general reputation, personal characteristics, and mode of living. I authorize you to verify any of the information given during the application process with appropriate individuals, companies, institutions, or agencies and I authorize them to release such information as you require, including my prior disciplinary employment records, criminal background (unless prohibited by law or regulation), past employment, and education. In accordance with the Fair Credit Reporting Act (FCRA) and other applicable regulations, I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of any investigation report that is made. I release you and them from liability as a result of those inquiries and disclosures. A photocopy or other electronic reproduction of this authorization/release is binding and may be relied upon.

NO WRITTEN, ORAL OR IMPLIED CONTRACTS

I understand that all employment with the Company is "at will". This means that just as an employee has the right to terminate the employment relationship at any time, with or without reason, the Company retains a similar right. I understand that any written company documents, or any oral statements made either during the application process or, if I am employed, after I am employed should not be relied upon by me as altering the general policy. I acknowledge that only Liz Geppert Wilkinson or, in her absence, Jimmy Geppert or Paul Geppert, has the authority to alter the at-will nature of employment, and then only by written contract specifically signed by Liz Geppert Wilkinson or, in her absence, Jimmy Geppert or Paul Geppert.

APPLICATION ACKNOWLEDGEMENT

**I ACKNOWLEDGE I HAVE READ AND UNDERSTAND ALL THE ABOVE TERMS
AND THAT I AGREE WITH THEM.**

Name (please print):

Applicant Signature:

Date: