



800-352-0521
www.longust.com

Longust Distributing, Inc Longust Flooring Company, LLC. APPLICATION FOR EMPLOYMENT

Email to: hr@longust.com

Fax to: Longust HR Department, 480-730-2423

TODAY'S DATE _____

Please complete all requested information. Resumes will not be accepted in place of completion of application. Longust Flooring Company, LLC. is An Equal Opportunity Employer and will not base hiring decisions on race, color, sex, age, national origin, religion, disability or marital status or veteran status or any other condition or status affected by state, federal or local law.

Last Name	First Name	Middle Name	Social Security Number
Present Address (Include City, County, State and Zip code)		Length of Time at Present Address	Phone No (Include Area Code)
Previous Address (Include City, County, State and Zip Code)			Phone No (Include Area Code)

STATEMENT & AUTHORIZATION TO RELEASE INFORMATION PLEASE READ THIS STATEMENT CAREFULLY BEFORE YOU COMPLETE THIS APPLICATION

The Company, in considering my application for employment or any subsequent changes such as promotion or transfer, may verify the information set forth on this application and obtain additional information relating to my background I authorize all persons, schools, companies, corporations and government agencies to supply any information concerning my background which may include, but is not limited to, criminal and driver's license, provided state law permits and when such inquiries are job related. I further agree to submit to drug screening tests, if requested of me, at any time prior to, or during, my employment in accordance with the law. I understand that no one, other than the Company's President, in writing, has any authority to enter into an employment agreement with me, which differs from the term contained herein, and that my employment can be terminated at will and is not contractual.

Do you have any friends or relatives working for Longust Flooring Company, LLC.? Yes No	
If yes, answer the following: Name: _____ Position: _____ Relationship: _____	
Have you ever applied or worked for Longust Distributing, Inc or Longust Flooring Company, LLC? Yes No If yes, month and year: _____ Location: _____ Have you ever been known by another name? Yes No If yes, what is the name? _____	How did you hear about this job? Referral <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Walk-in <input type="checkbox"/> Name of Referral _____
Only those U.S. citizens or aliens who have a legal right to work in the United States are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the United States and your identity? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do Not Answer The Following Question If Your State Prohibits Such Disclosure. A record of conviction does not necessarily disqualify you from employment consideration. Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? Yes No NOTE: This question asks that you provide information about criminal convictions. It does not request any information about criminal arrests.	
Position for which you are applying: _____ Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Salary Expected _____ Date Available for Work: _____	
Certain positions may require use of a motorized vehicle (car/van/truck). If use of such a vehicle is required in the job for which you are applying, would there be a problem? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please complete release form for check of driving record. All commercial drivers must also complete DOT application.	

EDUCATION

If you did not graduate from High School, circle last year completed in school **5** **6** **7** **8** **9** **10** **11**

Name and Location of School (s) Attended	Graduate? (Yes/No)	Type of Degree Awarded	Major Area of Study
High			
College			
Other			
List any other education, specialized training/skills, or certificates/licenses that you might have that relate to this job.			

PRIOR EMPLOYMENT – (Last 10 years, starting with most recent)

<u>1. Company Name / Address / Phone</u>	<u>Dates:</u> From: _____ To: _____
Position Held:	Hourly rate / Salary Start: _____
Supervisor:	End: _____
Reason for Leaving:	May we contact this employer?
Eligible for Rehire?:	

<u>2. Company Name / Address / Phone</u>	<u>Dates:</u> From: _____ To: _____
Position Held:	Hourly rate / Salary Start: _____
Supervisor:	End: _____
Reason for Leaving:	May we contact this employer?
Eligible for Rehire?:	

<u>3. Company Name / Address / Phone</u>	<u>Dates:</u> From: _____ To: _____
Position Held:	Hourly rate / Salary Start: _____
Supervisor:	End: _____
Reason for Leaving:	May we contact this employer?
Eligible for Rehire?:	

<u>4. Company Name / Address / Phone</u>	<u>Dates:</u> From: _____ To: _____
Position Held:	Hourly rate / Salary Start: _____
Supervisor:	End: _____
Reason for Leaving:	May we contact this employer?
Eligible for Rehire?:	

<u>5. Company Name / Address / Phone</u>	<u>Dates:</u> From: _____ To: _____
Position Held:	Hourly rate / Salary Start: _____
Supervisor:	End: _____
Reason for Leaving:	May we contact this employer?
Eligible for Rehire?:	

<u>6. Company Name / Address / Phone</u>	<u>Dates:</u> From: _____ To: _____
Position Held:	Hourly rate / Salary Start: _____
Supervisor:	End: _____
Reason for Leaving:	May we contact this employer?
Eligible for Rehire?:	

REFERENCES – please provide three references from people you have worked with.

Name	Phone number	Email	Relationship
1.			
2.			
3.			

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFICATIONS OR INTENTIONAL OMISSIONS IN THIS APPLICATION ARE GROUNDS FOR DISQUALIFICATION FROM FURTHER EMPLOYMENT CONSIDERATION OR FOR MY DISMISSAL FROM THE COMPANY. I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND UNDERSTAND THAT THIS IS NOT A CONTRACT AND, IF HIRED, I WILL BE AN “AT WILL” EMPLOYEE AND MY EMPLOYMENT CAN BE TERMINATED WITH OR WITHOUT CAUSE OR NOTICE, AT THE OPTION OF EITHER THE COMPANY OR MYSELF. I FURTHER UNDERSTAND THAT NO PERSONNEL RECRUITER, OR INTERVIEWER OR ANY OTHER REPRESENTATIVE OF THE COMPANY, OTHER THAN IN WRITING BY THE PRESIDENT OF LONGUST FLOORING COMPANY, LLC., HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT WITH ME FOR EMPLOYMENT WHICH DIFFERS FROM THE FOREGOING.

CONSENT AND RELEASE FOR DRUG TESTING

I _____, being an applicant of Longust Flooring Company, LLC. (hereafter the “Company” or “Longust Flooring Company, LLC”), hereby acknowledge that the Company reserves the right to require that I submit a sample of my urine for chemical or other analysis and understand that Longust Flooring Company, LLC. may, at any time, require drug testing as part of its employment process. I also understand that such drug testing will consist of the taking of urine, or any other medically recognized test designed to detect traceable amounts of drugs in the body.

I further understand that if such testing indicates the presence of non-prescribed or illegal drugs in my body in any detectable amount, I will be disqualified from further hiring consideration. I further understand that if I fail to submit a urine sample or if analysis reveals the presence of drugs or other controlled substances, the offer of hire is immediately and wholly revoked and I will be disqualified from further employment consideration. I hereby give my consent to Longust Flooring Company, LLC. to administer any or all of the above drug testing procedures to me, and to use the results thereof in further determining my employability with this company.

I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited, dangerous, controlled substances in my urine. I hereby freely and voluntarily consent to this request for a urine specimen and agree to participate in the testing program. I hereby and herewith release the Company, its employees, agents and contractors from any and all liability whatsoever arising from this request to furnish this urine sample, the testing of the urine sample, and decisions made concerning my application for employment based upon the results of the analysis. I agree to cooperate in all aspects of the testing program. I further acknowledge that the Company has provided me with an opportunity to ask questions related to its substance abuse program, that I have been given the opportunity to review the company’s substance abuse policies and procedures, and all my inquiries have been answered.

I hereby authorize the drug test results be released to Longust Flooring Company, LLC.

Signature _____ Date _____

I understand that this application will remain active for thirty (30) days from today’s date. If I still desire a position with the company after this application expires, it will be my responsibility to fill out a new application and file it with the Company after that time period ends.

Signature of Applicant _____ Date _____

Signature of Witness _____ Date _____

Signature of Interviewer _____ Date _____