



Professional Building Systems, Inc.
 72 East Market Street • Middleburg, PA 17842
 Phone: 570-837-1424 • Fax: 570-837-2018

EMPLOYMENT APPLICATION

Federal, state, and local laws prohibit discrimination because of race, color, sex, age, religion, creed, military or veteran status, national origin or ancestry, non-job related physical or mental handicap or disability, marital status, blindness, or any other legally protected status. We are an equal opportunity employer.

GENERAL INFORMATION (Please Print Clearly)

Last Name:		Date:	
First Name:	Middle:	Social Security Number:	
Current Address:		Home Phone: ()	
City:	State:	Zip Code:	Cell Phone: ()
Borough or Township:		School District:	

Have you ever been employed at the following and/or a previous modular home company?
APEX PROBUILT EXCEL RITZ CRAFT OTHER:

Position applying for:

I would be willing to be trained to: Sand Drywall Mud Drywall Rough Framing Finish Carpentry Electrical Plumbing
 Carpet, tile, and hardwood flooring

Available start date:

How did you hear about this position?

Were you referred by a Professional Building Systems' employee? Yes No If yes, what is the employee's name?

Does an immediate member of your family, or a relative, work for Professional Building Systems? Yes No
 If yes, what is their name?

Have you ever previously applied for a position with or worked for Professional Building Systems? Yes No

If so, when?	Position?	Reason for leaving:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	Salary Requested: \$	Can you work weekends? : <input type="checkbox"/> Yes <input type="checkbox"/> No

If less than 18 years of age, can you provide required proof of your eligibility to work? : Yes No

Are you either a U.S. citizen or alien who has the legal right to remain and work in the U.S.? : Yes No
(You will be required to furnish documents providing identity and eligibility to work in the U.S. if you are extended a job offer.)

Have you ever been convicted of a misdemeanor, felony, or any offense involving dishonesty or breach of trust? :
 Yes No If YES, please explain: _____
(An affirmative answer may not disqualify you from consideration)

Are you a U.S. military veteran? : <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Entered:	Date Discharged:
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Can you perform the essential functions of the position(s) for which you are applying for with or without reasonable accommodation? : Yes No

EMPLOYMENT INFORMATION

Starting with PRESENT or MOST RECENT, list previous employers. Include self-employment, summer, and also part-time jobs.
(Please complete all information within each section.)

Employer's Name:		Address:		Phone: ()	
Job Title:		Supervisor:		Salary:	Begin \$
					End \$
Dates Employed:	From:	Reason for Leaving: _____ _____			
	To:				
Responsibilities:					

Employer's Name:		Address:		Phone: ()	
Job Title:		Supervisor:		Salary:	Begin \$
					End \$
Dates Employed:	From:	Reason for Leaving: _____ _____			
	To:				
Responsibilities:					

Employer's Name:		Address:		Phone: ()	
Job Title:		Supervisor:		Salary:	Begin \$
					End \$
Dates Employed:	From:	Reason for Leaving: _____ _____			
	To:				
Responsibilities:					

Professional Building Systems, Inc. is allowed to contact my previous employer(s): Yes No

Are you subject to any non-compete agreement or other possible restrictions? Yes No

If currently employed, may we contact your present employer(s): Yes No

If yes, please sign here to verify authorization: _____

Have you ever been terminated from a job or asked to resign? : Yes No

If Yes, please explain: _____

Are you related to or can be referenced by any current employee of Professional Building Systems, Inc.? : Yes No

If yes, please print the employees name and department: _____

EDUCATIONAL INFORMATION

	High School	College/University	Graduate/Professional
School Name:			
Years Completed:	9 10 11 12	1 2 3 4	1 2 3 4
Degree/Diploma:			

Course of Study:			
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Please list any other job-related skills or additional information you feel may be helpful to us in considering your application:

REFERENCE INFORMATION

Please list three supervisors who can evaluate your work performance. DO NOT LIST FRIENDS OR RELATIVES.

Name:		Address:		Phone:	()	Years Known:	
Name:		Address:		Phone:	()	Years Known:	
Name:		Address:		Phone:	()	Years Known:	

Signature: _____ Date: _____

THE FOLLOWING POINTS ARE VERY IMPORTANT. PLEASE READ THEM CAREFULLY BEFORE SIGNING THE APPLICATION FOR EMPLOYMENT AND THIS FORM.

I hereby certify that the facts set forth in the attached employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on the attached application shall be considered sufficient cause for dismissal. I hereby grant permission to Professional Building Systems, Inc. or its representative permission to contact former employers, listed references, and/or educational institutions to verify information I have furnished on this application form. I release from all liability anyone supplying such information and I also release Professional Building Systems, Inc. from all liability that might result from making an investigation. I further authorize Professional Building Systems, Inc. to do a criminal background check. I also understand and agree that the first 90 days of employment is probationary and that termination without explanation for any cause is the company's prerogative.

Applicant's Signature: _____ Date: _____

AUTHORIZATION AND WAIVER

I hereby authorize Professional Building Systems, Inc. to do a credit check and obtain my credit records, and I further authorize PROFESSIONAL BUILDING SYSTEMS, INC. to perform a criminal background check. To enable Professional Building Systems, Inc. to obtain my criminal records, I grant the following authorizations. I authorize and request my former employers, references, educational institutions, or reporting services which have information about me, to give Professional Building Systems, Inc. and subsidiaries any and all information in their possession and which may be lawfully disclosed. I hereby waive written notice of such release of information, and I release such former employers, references, educational institutions, or reporting services from any liability or claim relating to such release of information. I also authorize and request federal, state and local government agencies to release to Professional Building Systems, Inc. and subsidiaries any information requested concerning any criminal convictions on my record. A photocopy of this signed authorization and waiver shall be valid as an original.

Applicant's Signature _____ Date: _____

PRE-EMPLOYMENT SCREENING

It is Professional Building Systems, Inc.'s (hereafter Company) policy to ensure that we obtain the best possible employees for the job. As a result, the Company will require all employees to undergo a pre-employment screening on a post-offer basis. The screening will consist of a drug and alcohol test, as well as a pre-employment physical.

DRUG, ALCOHOL AND NICOTINE TESTING

Once an offer has been given, offerees will be required to undergo a drug, alcohol and nicotine test. Any offeree who tests positive for drugs and/or alcohol or whose test is determined to be diluted will have the opportunity for a second test to rule out or confirm the presence of prohibited substances in his or her system. The second test, if requested by the offeree, will be done at his/her own expense. The Company will rescind the offer of employment to any person who has confirmed positive tests for drug and/or alcohol or whose test is determined to be diluted.

The Company recognizes that certain substances can have the effect of creating false positives. Offerees will have the opportunity to raise this issue with a medical review officer in the event they believe a false positive result was created.

PHYSICAL EXAMINATIONS

In the interest of employees' health, each offeree will be required to undergo a physical examination on a post-offer basis. The Company will pay for this physical and the offeree will be assigned a time and date for the physical. This examination will be limited to a determination of whether the offeree is capable of performing the essential functions of the prospective job.

Above all, the Company hopes to provide a healthy and wholesome work environment for its employees. The Company truly believes this will promote happy and productive employees.

Applicant's Signature: _____

Date: _____

**THIS APPLICATION FOR EMPLOYMENT IS GOOD FOR 90 DAYS ONLY!
CONSIDERATION FOR EMPLOYMENT AFTER 90 DAYS REQUIRES A NEW
APPLICATION.**