



Menard USA

150 East Main Street
Suite 500
Carnegie, PA 15106
Phone: 412-260-6000
www.menardusa.com

Employment Application

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____

Are you authorized to work in the United States? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Were you referred by a current employee? YES NO

If yes, please provide the name of the employee who referred you: _____

Education

High School: _____ Address: _____
YES NO

From: _____ To: _____ Did you graduate? Diploma: _____

College: _____ Address: _____
YES NO

From: _____ To: _____ Did you graduate? Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Degree: _____

References

Please list three professional references. Do not include relatives.

Full Name: _____ Number of years known: _____
Occupation: _____ Phone: _____
Address: _____

Full Name: _____ Number of years known: _____
Occupation: _____ Phone: _____
Address: _____

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Occupation: _____ Phone: _____
Address: _____

Employment Record

Company: _____ Phone: _____
Address: _____
Job Title: _____ Rate of pay: _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____
Address: _____
Job Title: _____ Rate of pay: _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____
Address: _____
Job Title: _____ Rate of pay: _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____

Job Title: _____ Rate of pay: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

U.S. Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Service: _____

Training/Experience Received: _____

Employment

Type of work desired: _____ Desired Salary: _____

How were you referred to our organization? _____

Do you have any relatives employed by this organization? Yes No

If yes, whom? _____

Is there any information we would need pertaining to your name, or use of another name, which would enable us to check your work record? Yes No

If yes, please specify. _____

I understand that the employer follows an "at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the Chief Operating Officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of one (1) year; after that time, if I wish to be considered for employment I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all statements herein are true and understand any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature: _____ Date: _____