

East Brunswick Distribution 122 Tices Lane East Brunswick, NJ 732.238.7770

Keyport Showroom Highway 35 & Cass St. Keyport, NJ 07735 732.739.4660

APPLICATION FOR EMPLOYMENT

Revised January, 2013

IMPORTANT: Instructions for completing the application form:

- 1. Type or print clearly in black or blue ink.
- 2. Answer every question fully and accurately.
- 3. False or materially inaccurate information on this application will be cause for disqualification for employment or dismissal at any time after employment.
- 4. Read the Waivers and Disclosures (last page) carefully before signing.
- 5. Return completed application.
- 6. If you need an alternative version of this form, please contact the Director of Human Resources:

East Coast Tile Imports, Inc., P.O. Box 909, Ludlow MA 01056 413-583-4246, extension 133

7. This application will be kept on file for at least 30 days.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Best Tile is committed to a policy of Equal Employment Opportunity, basing judgments concerning the employment of individuals upon their qualifications and abilities. Best Tile will not discriminate on the basis of any legally recognized protected basis under federal, state, or local laws, regulations or ordinances

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PERSONAL INFORMATION

Name:		Middle		Last		
	- Destine Contest			Last		
Phone Number for Messag	es/Daytime Contact:					
Address:	ZID Code					
Street, City, State,	ZIP Code					
Are you authorized to work in the U.S. on an unrestricted basis? Circle one:						
Are you over the age of 18?	Yes	No				
	EMPLOYN	1ENT DESIRED				
POSITION APPLIED FOR:						
Have you ever applied to the Company before? Circle one:						
Are you available for full time work? Circle one:						
Are you available for part time work? Circle one:						
Have you reviewed the essential functions of the job? Circle one:						
Can you perform these essential functions with or without accommodation? Circle one:						
	EDU	CATION				
	School Name/Location	Highest Level Completed	Major Study Area(s)			
High School						
College						
Trade/Vocational School						
Graduate School						
Other						
Describe any additional edu	ucation or training you receiv	red that supports your applicat	ion for this position:			



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EMPLOYMENT HISTORY

Complete all information in full. Begin with your most recent employment and include present employment. You

Start Date/ End Date	Employer Name, Address, Phone	Your Job title	Your supervisor	Why did you leave?	May we conta this employer
From:	riione		supervisor	leave:	☐ Yes
To:					
From:					□ Yes
To:					□ No
From:					□ Yes
To:					□ No
From:					☐ Yes
To:					□ No
From:					☐ Yes
To:					□ No
From:					☐ Yes
To:					□ No
From:					□ Yes
To:					□ No
	PR	OFESSIONAL REF	ERENCES		
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		ind who can comr			Years Acquainted
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	ple who are not related to you a	ind who can comr	ment on your w		Years Acquainted
Na In addition to	ple who are not related to you a	ation	ment on your w	e #1	
Na In addition to	me Occupa	ation	ment on your w	e #1	



Applicant's Printed Name

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WAIVERS AND DISCLOSURES

By signing below, I acknowledge my understanding that:

- ✓ My employment with Best Tile (the Company) would be "at-will", which means that both Best Tile and I are free to terminate the employment relationship at any time for any non-statutorily prohibited reason, or for no reason at all, with or without notice.
- ✓ My responses to the questions in this application may be verified.
- ✓ Any offer for employment is conditioned upon my successful completion of the pre-employment screening process, as described on the cover page to this application. Refusal to submit to the screening or failure to qualify according to the minimum standards established by the Company for this screening may disqualify me from further consideration for employment.

I certify that the information in this application is true, complete and correct to the best of my knowledge and that I have withheld nothing that, if disclosed, would affect this application unfavorably. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge. I agree that the Company shall not be liable in any respect if a job offer is not extended, is rescinded, or if my employment is terminated because of false statements, omissions, or answers made by me on this application.

I freely and voluntarily agree to submit to a pre-employment screening as it relates to the requirements of a specific job, as part of my application to the Company.

In compliance with the Immigration and Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States.

Applicant Signature	Date