

APPLICATION FOR EMPLOYMENT

Position Applying For:

Thank you for expressing an interest in employment with our Company. We are an Equal Opportunity Employer, considering applicants for all positions without regard to race, creed, religion, military status, sex, sexual or affectional orientation, color, national origin, ancestry, familial status, age, disability, marital status or status with regard to public assistance, or any other statutory protected status. US LBM holds the position that a potential associate should not be turned down solely because of a prior conviction. We reserve the right however to ask about criminal backgrounds after the completion of an applicant's first interview. We are committed to providing a safe working environment to our Associates our customers, and the protection of Company property. A conviction record will not necessarily be a bar to employment. Factors such as job relations, duties, age and time of the conviction, seriousness and nature of the conviction and rehabilitation will be taken into account. Only US Citizens or Aliens who have a legal right to work in the US are eligible for employment. Upon employment with US LBM and / or its Subsidiaries, you will need to provide genuine documentation establishing your identity and eligibility to be legally employed in the United States. Failure to fully complete this application may result in non-consideration.

Name:			Dat	e:	
Mailing Address:					
Street I	Name/ Apt #/ P.O.	Box # City	S	tate	Zip
Telephone Numl	ber(s): Home (_)	Cell ()		
Email Address:		Date Availa	ole:	Salary Desired	:
- an you nrovide	nroof of your le	gal authorization to work in the L	S2 Vas No Are	vou 18 or olde	
		_			
		☐ Part-Time ☐ Temp/Seasonal			☐ 2 nd ☐ 3 rd
		☐ Part-Time ☐ Temp/Seasonal ☐ Yes ☐ No If yes, dates: _			☐ 2 nd ☐ 3 rd
Have you worke	d for us before?	☐ Yes ☐ No If yes, dates: _			□ 2 nd □ 3 rd
Have you worke	d for us before?	•			□ 2 nd □ 3 rd
Have you worke	d for us before?	☐ Yes ☐ No If yes, dates: _			☐ 2 nd ☐ 3 rd
Have you worke	d for us before?	☐ Yes ☐ No If yes, dates: _			⊒ 2 nd □ 3 rd
Have you worked How did you lead	d for us before? rn about this opp Education will	Yes No If yes, dates:			
Have you worked How did you lead EDUCATION Type of School Attended	d for us before? rn about this opp Education will	Yes No If yes, dates: portunity (be specific)? School Name And Location Jonly be considered if relevant to job	Diploma/Degree i		ajor Course
Have you worked How did you lead EDUCATION Type of School	d for us before? rn about this opp Education will	Yes No If yes, dates: portunity (be specific)? School Name And Location Jonly be considered if relevant to job	Diploma/Degree i		ajor Course
Have you worked How did you lead EDUCATION Type of School Attended High School Technical or	d for us before? rn about this opp Education will	Yes No If yes, dates: portunity (be specific)? School Name And Location Jonly be considered if relevant to job	Diploma/Degree i		ajor Course

EMPLOYMENT EXPERIENCE List previous employment (start with current or last job). May we contact your current employer? Yes Have you ever been discharged from any job or asked to resign? Yes No If yes, please explain: DATES EMPLOYED Employer 1. WORK PERFORMED From То Address HOURLY Telephone Number(s) RATE/SALARY Starting Final Job Title Supervisor Reason for Leaving DATES EMPLOYED Employer 2. From То Address Telephone Number(s) HOURLY RATE/SALARY Starting Final Job Title Supervisor Reason for Leaving Employer DATES EMPLOYED 3. From To Address HOURLY Telephone Number(s) RATE/SALARY Starting Final Job Title Supervisor Reason for Leaving DATES EMPLOYED Employer 4. From То Address HOURLY Telephone Number(s) RATE/SALARY Starting Final Job Title Supervisor Reason for Leaving **REFERENCES** List 3 job related contacts with telephone and/or email addresses: APPLICANT'S CERTIFICATION AND AGREEMENT: I authorize the Company to investigate any of the facts set forth in this application and I certify the facts set forth in this application are true and complete to the best of my knowledge. I understand that if I am employed, false statements made during the application process may result in dismissal. All offers of employment are conditional upon satisfactory background checks and do not constitute a contract of employment for any definite duration. Offers of employment for certain job classifications are also conditional upon successful completion of a physical examination and drug test and that a positive test result will result in my disqualification for further consideration for employment. It is understood that nothing in this application is to be interpreted to be a contract of employment. If employed, the employment relationship is "at will" and may be terminated by either party at any time without

Signature: Date: _______

reason.



APPLICANT SELF ID FORM

It is USLBM Holding's policy and practice to recruit, employ, and promote qualified applicants without regard to their race, color, religion, sex, age, national origin, handlcap, disability, veteran's status, or any other protected category, and without regard to any other characteristics which are not related to work performance or which may not lawfully be taken into account under federal, state, or local fair employment laws and regulations.

US Civil Right laws and regulations subject employers to certain recordkeeping requirements. In an effort to comply with these requirements, US LBM and its subsidiary companies invite associates and applicants to complete this "Self Identifying" survey.

Submission of this information is voluntary and refusal to provide it will not subject you to adverse treatment. The information will be kept confidential and will be used only in accordance with the provisions of applicable laws. When reported, data will not identify any specific individual. Your cooperation is appreciated.

PLEA	SE PRINT
	Position Applied For:
Name:	(voluntary) Contact Info (Ph/Email): (voluntary)
1. Che	ck one of the following:
2. Che	ck "ethnic" group with which you identify:
	 ☐ Hispanic or Latino defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. ☐ Not Hispanic or Latino
	plicants who do not identify themselves as "Hispanic or Latino" are to select an ethnicity/race category from defined choices below:
	Asian or Pacific Islander A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam (not Hispanic or Latino)
	☐ Black or African American A person having origins in the Black racial groups of Africa (neither Hispanic nor Latino)
	□ Native Hawaiian or Other Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island (neither Hispanic nor Latino)
	 □ Native American Indian or Alaskan Native A person having origins in any of the original peoples of North America and South America (including Central America) and who maintains tribal affiliation or community attachment (neither Hispanic nor Latino)
	 ☐ White A person having origins in any of the original peoples of Europe, North Africa or the Middle East (neither Hispania nor Latino)
	☐ Two or more Races All persons who identify themselves with more than one of the above five <u>races</u> (You may identify if you choose to:)

Effective May 2011

APPLICANT SELF IDENTIFICATION FORM

VETERAN STATUS

Please check Veteran's status if applicable

VE	TS 100
	□ Vietnam veteran A veteran who was on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (a) in the Republic of Vietnam between February 28, 1961, and May 7, 1975 or (b) between August 5, 1964, and May 7, 1975, in all other cases.
	Special Disabled veteran A veteran who was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active duty was performed (a) in the Republic of Vietnam between February 28, 1961, and May 7, 1975 or (b) between August 5, 1964, and May 7, 1975, in any other location.
	Other Protected Veteran Veterans who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.
	☐ Recently Separated Veteran (1 year) Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one year period beginning on the date of such veteran's discharge or release from active duty.
/ET	S 100A
/Ei	Armed Forces Service Medal Veteran A Veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 Fed. Reg. 1209).
VET	Armed Forces Service Medal Veteran A Veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive
<i>VET</i>	 ☐ Armed Forces Service Medal Veteran A Veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 Fed. Reg. 1209). ☐ Disabled Veteran A Veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected
<u>/E1</u>	 ☐ Armed Forces Service Medal Veteran A Veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 Fed. Reg. 1209). ☐ Disabled Veteran A Veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability. ☐ Other Protected Veteran Veteran served in a war such as WWII or served in a campaign or expedition for which a campaign badge, service

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