



Modular Building Systems of PA

Professional Building Systems, Inc. (PBS), Custom Building Systems, LLC (CBS) & Multi-Unit Modular Solutions
72 East Market Street • Middleburg, PA 17842 - Corporate Office
200 Custom Ave. • Middleburg, PA 17842 - Sales & Showroom Office
Phone: 570-837-1424 • Fax: 570-837-2057



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 any of the following and/or a previous modular home company?
APEX PROBUILT EXCEL RITZ CRAFT ICON LEGACY OTHER:

Position applying for:

I would be willing to be trained to: Sand Drywall Mud Drywall Rough FramingFinish CarpentryElectricalPlumbing
Carpet, tile, and hardwood flooring

Available start date:

How did you hear about this position?

Were you referred by a Modular Buildings Systems of PA (PBS/CBS) employee? Yes No
 If yes, what is the employee's name?

Do you have a relative or immediate family member employed at Modular Building Systems of PA (PBS/CBS)? Yes No
 If yes, what is their name?

Have you ever previously applied for a position with, or worked for Modular Building Systems of PA (PBS/CBS)? Yes No
 If so, when? Position? Reason for leaving:

Full Time Part Time Seasonal Salary Requested: \$ Can you work weekends? : Yes No

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

Are you a U.S. citizen or an 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? : Yes No Date Entered: Date Discharged:

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, please list previous employers (include self-employment, summer jobs, and 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:					

Modular Building Systems of PA 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 or asked to resign from a job? : Yes No
 If Yes, please explain: _____

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:			

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

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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 Modular Building Systems of PA, or its representative, to contact former employers, listed references, and/or educational institutions to verify the information I have furnished on this application form is true and correct. I release from all liability anyone supplying such information and I release Modular Building Systems of PA from all liability that might result in an investigation.

I 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 Modular Building Systems of PA to do a credit check and obtain my credit records, and I further authorize MODULAR BUILDING SYSTEMS OF PA to perform a criminal background check. To enable Modular Building Systems of PA to obtain my criminal records, I grant the following authorizations. I authorize and request my former employers, references, educational institutions, or reporting services that have information about me, to give Modular Building Systems of PA and subsidiaries any and all information in their possession, 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 Modular Building Systems of PA and its 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 Modular Building Systems of PA'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 drug, alcohol and nicotine testing.

DRUG, ALCOHOL AND NICOTINE TESTING

Once an offer of employment 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 may request a second test, at his/her own expense, to rule out or confirm the presence of prohibited substances in his/her system. The Company will rescind the offer of employment to any person who has tested positive or whose test is determined to be diluted for drugs and/or alcohol.

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.

Applicant's Signature: _____

Date: _____

THIS APPLICATION FOR EMPLOYMENT IS GOOD FOR 90 DAYS ONLY!

**CONSIDERATION FOR EMPLOYMENT AFTER 90 DAYS
REQUIRES A NEW APPLICATION.**

SUBMIT