

Applicant Information

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

Address: _____
Street Address, City, State and Zip

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____ Date of Birth: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO When? _____ **Driver's License # and State** _____

Have you ever been convicted of a felony? YES NO Do you have a current & valid Driver's License? YES NO

If yes, explain: _____

Probation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Probation Officer:		Phone Number:	
Parole?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Parole Officer:		Phone Number:	
Conviction Date:			Release Date:		Correction's ID:	

Education

High School: _____ City: _____

From: _____ To: _____ Did you graduate? YES NO

College: _____ City: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Experience

Roofing	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Years:	Siding	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Years:	Re-modeling	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Years:
Concrete	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Years:	Gutters	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Years:	Snow Plow	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Years:
Fascia/Soffit	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Years:	Framing	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Years:	Flooring	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Years:
Drywall	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Years:	Excavator	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Years:	Tile	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Years:
Skid-steer	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Years:	Telehandler	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Years:	Drywall	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Years:

References

Full Name: _____ Relationship: _____
Company: _____ Years Known: _____ Phone: _____

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Previous Employment

Company: _____ Phone: _____
Responsibilities: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Responsibilities: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Responsibilities: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

NOTES: