

**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:	Mowing	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Years:

## References

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

## 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
_____	<input type="checkbox"/> <input type="checkbox"/>

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
_____	<input type="checkbox"/> <input type="checkbox"/>

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
_____	<input type="checkbox"/> <input type="checkbox"/>

## 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: