

Master Steel Roofing
 18951 County Rd 142
 New Paris, IN 46553
 574.825.5910



APPLICATION FOR EMPLOYMENT
 (Please Print All Information Requested Except Signature)
 APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

NAME: _____
 Last First Middle (Maiden)

PRESENT ADDRESS: _____
 Number Street City State Zip

HOW LONG? _____
 TELEPHONE _____ SOCIAL SECURITY NO. XXX – XXX – _____

IF UNDER 18, PLEASE LIST AGE: _____ DAYS AVAILABLE TO WORK?

POSITION APPLIED FOR: _____ Mon ___ Tue ___ Wed ___ Thur ___

SALARY DESIRED: _____ Fri ___ Sat ___ No Preference ___
 (Be specific)

HOW MANY HOURS CAN YOU WORK WEEKLY? _____

EMPLOYMENT DESIRED: Full-time Only _____ Part-time Only _____ Full- or Part-Time _____

WHEN ARE YOU AVAILABLE TO START WORK? _____

ARE YOU WILLING TO TRAVEL TO WORK? Yes ___ No ___

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes ___ No ___

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

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DO YOU HAVE A DRIVER'S LICENSE? Yes _____ No _____ DRIVER'S LICENSE #: _____

WHAT IS YOUR MEANS OF TRANSPORTATION TO WORK? STATE OF ISSUE: _____

Operator _____ Commercial (CDL) _____

HAVE YOU HAD ANY ACCIDENTS IN THE PAST 3 YEARS? Chauffeur _____ Exp. Date _____

Yes _____ No _____ How Many? _____

HAVE YOU HAD ANY MOVING VIOLATIONS IN THE PAST 3 YEARS?

Yes _____ No _____ How Many? _____

CAN YOU READ A TAPE MEASURE? Yes _____ No _____

PLEASE LIST TWO REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS.

NAME: _____

NAME: _____

POSITION: _____

POSITION: _____

COMPANY: _____

COMPANY: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: _____

TELEPHONE: _____

WHAT EXPERIENCE OR KNOWLEDGE DO YOU HAVE WITH CONSTRUCTION, ROOFING OR METAL ROOFING?
LIST ANY ACTIVE OR CURRENT CERTIFICATIONS THAT APPLY TO THE ROOFING INDUSTRY.

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MILITARY SERVICE

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes ___ No ___

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes ___ No ___

SPECIALTY: _____ DATE ENTERED: _____ DISCHARGE DATE: _____

WORK EXPERIENCE

PLEASE LIST YOUR WORK EXPERIENCE FOR THE PAST FIVE YEARS BEGINNING WITH YOUR MOST RECENT JOB HELD. IF YOU WERE SELF-EMPLOYED, GIVE FIRM NAME. ATTACH ADDITIONAL SHEETS IF NECESSARY.

Name of Employer:	Name of Last Supervisor	Employment Dates	Pay or Salary
Address:		From:	Start:
City, State, Zip Code:		To:	Final:
Phone Number:	Your Last Job Title:		
Reason For Leaving (be specific):			
List the Jobs You Held, Duties Performed, Skills Used or Learned, Advancements or Promotions While You Worked at this Company.			

Name of Employer:	Name of Last Supervisor	Employment Dates	Pay or Salary
Address:		From:	Start:
City, State, Zip Code:		To:	Final:
Phone Number:	Your Last Job Title:		
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List the Jobs You Held, Duties Performed, Skills Used or Learned, Advancements or Promotions While You Worked at this Company.			

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WORK EXPERIENCE CONTINUED

Name of Employer: Address: City, State, Zip Code: Phone Number:	Name of Last Supervisor	Employment Dates	Pay or Salary
		From: To:	Start: Final:
	Your Last Job Title:		
Reason For Leaving (be specific):			
List the Jobs You Held, Duties Performed, Skills Used or Learned, Advancements or Promotions While You Worked at this Company.			

Name of Employer: Address: City, State, Zip Code: Phone Number:	Name of Last Supervisor	Employment Dates	Pay or Salary
		From: To:	Start: Final:
	Your Last Job Title:		
Reason For Leaving (be specific):			
List the Jobs You Held, Duties Performed, Skills Used or Learned, Advancements or Promotions While You Worked at this Company.			

May We Contact Your Present Employer? Yes ____ No ____

Did You Complete This Application yourself? Yes ____ No ____

If Not, Who Did? _____

Do You Give Master Steel Roofing Permission to Do a Background Check? Yes ____ No ____

SIGNATURE _____ DATE _____