

GUARANTEE ROOFING & SHEET METAL EMPLOYMENT APPLICATION

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION									
Last Name			First			M.I.		Date	
Street Address						Apartment/Unit #			
City			State			ZIP			
Phone			E-mail Address						
Date Available			Social Security No.			Desired Salary			
Position Applied for									
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Are you employed now?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so may we inquire of your present employer?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you 18 years or older?			YES <input type="checkbox"/>	NO <input type="checkbox"/>					

EDUCATION									
High School			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				

REFERENCES									
<i>Please list three references not related to you, whom you have known at least one year</i>									
Full Name			Relationship						
Company			Phone						
Address									
Full Name			Relationship						
Company			Phone						
Address									
Full Name			Relationship						
Company			Phone						
Address									

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title		Salary	\$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone	
Address		Supervisor	
Job Title		Salary	\$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone	
Address		Supervisor	
Job Title		Salary	\$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Special Skills;

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	

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. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated with or without cause, and with or without notice at any time. At either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed with or without cause and with or without notice, at any time by the company.

Signature	Date
-----------	------

GUARANTEE ROOFING OF SOUTH DAKOTA INC.

Driving Record

Name: _____

Do you have a valid South Dakota driver's license?

Yes ___ / No ___ License # _____

Have you ever been arrested or convicted of a DWI?

Yes ___ / No ___

Have you ever been arrested or convicted of a drug related offense?

Yes ___ / No ___

Are we authorized to obtain a Motor Vehicle Record check for our Insurance purposes?

Yes ___ / No ___

Have you been involved in a traffic accident or had a moving violation in the last 3 years?

Yes ___ / No ___

If Yes, please explain: _____

Can you drive a large truck with two speed rear axle?

Yes ___ / No ___

Do you have a current CDL license?

Yes ___ / No ___

Have you ever been involved in an accident with a company Owned vehicle?

Yes ___ / No ___

Signature: _____ Date: _____

DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION

As part of our hiring background and investigation, we may obtain consumer reports to prepare and investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681 -1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Consumer Rights Under the Fair Credit Reporting Act.

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the Fair Credit Reporting Act, 15 USC, section 1681 et seq. the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit Guarantee Roofing of SD Inc. to obtain a consumer report and/or investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post offer only) and drug testing;
3. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 2 years;
4. Verification of my academic and/or professional credentials; and information and /or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as Guarantee Roofing of SD Inc. from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize Guarantee Roofing of SD Inc. to obtain and prepare an investigative consumer report as set forth above, as part of its investigation at my employment application.

Full Name _____
(please print clearly) Signature Date

DISCLAIMER:

THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE GIVEN ONLY BY YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN AND NO CLAIM THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS.



220 S. Marion Rd.
SIOUX FALLS, SD 57107

PHONE (605) 331-5121
FAX (605) 331-4066
o.grsd@midconetwork.com

EMPLOYEE EMERGENCY CONTACT SHEET

Employee Name: _____

In case of emergency, please notify:

CONTACT #1

Name: _____

Relation: _____

Phone #: _____

Phone #: _____

CONTACT #2

Name: _____

Relation: _____

Phone #: _____

Phone #: _____