

# 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>									
<u>Full Name</u>					Relationship				
Company					Phone				
Address									
<u>Full Name</u>					Relationship				
Company					Phone				
Address									
<u>Full Name</u>					Relationship				
Company					Phone				
Address									

**PREVIOUS EMPLOYMENT**

<u>Company</u>		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"/>			
<u>Company</u>		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"/>			
<u>Company</u>		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 & SHEET METAL 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: \_\_\_\_\_