



HAMBURGER

ROOFING & SHEETMETAL

Name and Address							
Name (First, MI, Last)				Social Security Number			
Mailing Address							
City, State, Zip Code							
Telephone				Alternate Phone			
Date of Birth				Email			
Job Type							
Days/hours available to work							
<input type="checkbox"/> I have no preference	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
I am seeking a:		<input type="checkbox"/> Full-time job		<input type="checkbox"/> Part-time job		<input type="checkbox"/> Full - or - Part-time	
How many hours can you work weekly?				Can you work nights?		Date available to begin	
Additional Information							
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain:							
Do you have a driver's license?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Driver's License Number		Issued in what state?	
Have you had any accidents during the past three years?						How many?	
Have you had any moving violations during the past three years?						How many?	

Education

School	Location(mailing address)	Years Completed	Major	Degree or Diploma
High School				
College or Business/Trade School				

Military

Have you ever been in the Armed Forces?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Date Entered
Are you now a member of the National Guard?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Discharge Date
Specialty					

Work Experience

Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State and Zip Code	End Date	Final Salary
Phone Number	Your last job title	

Reason for Leaving

List the jobs your held, duties performed, skills used or leaned, advancements or promotions while you worked at this company.

May we contact this employer? Yes No

Work Experience (continued)

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State and Zip Code	End Date	Final Salary
Phone Number	Your last job title	
Reason for Leaving		
List the jobs your held, duties performed, skills used or leaned, advancements or promotions while you worked at this company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State and Zip Code	End Date	Final Salary
Phone Number	Your last job title	
Reason for Leaving		
List the jobs your held, duties performed, skills used or leaned, advancements or promotions while you worked at this company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

References

Please include name, phone number and circumstances of your acquaintance. Exclude relatives and former employers.

1.

2.

3.

4.

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company may be terminated.

Signature

Date