

**APPLICATION FOR SUB-CONTRACTORS**

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-3. DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

FED ID # \_\_\_\_\_ OR Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Position applied for (1) \_\_\_\_\_  
 and salary desired (2) \_\_\_\_\_  
 (Be specific)

**ROOFING EXPERIENCE**  
 IN: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

When available for work? \_\_\_\_\_


HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

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. \_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_  Operator  Commercial (CDL)

Chauffeur  
Expiration date \_\_\_\_\_

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? \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

MILITARY

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 three jobs beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

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.			

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<b>Name of employer</b> <b>Address</b> <b>City, State, Zip Code</b> <b>Phone number</b>	<b>Name of last supervisor</b>	<b>Employment dates</b>	<b>Pay or salary</b>
		<b>From</b> <b>To</b>	<b>Start</b> <b>Final</b>
	<b>Your last job title</b>		
<b>Reason for leaving (be specific)</b>			
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b>			

May we contact your present employer?  Yes  No

Did you complete this application yourself  Yes  No

If not, who did? \_\_\_\_\_

### APPLICANT'S STATEMENT

**I certify that answers given are true and complete to the best of my knowledge.**

**In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employment.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

This company is an equal employment opportunity employer.  
Thank you for completing this application form and for your interest in our business.