



COMMERCIAL & INDUSTRIAL ROOFING SOLUTIONS

1775 Industrial Blvd S  
STILLWATER, MN 55082  
(651) 351-7302 PH. (651) 351-7439 FAX

# EMPLOYMENT APPLICATION

Equal Opportunity Employer

APPLICANT INFORMATION		DATE:
Last Name	First	M.I.
Street Address		Apartment/Unit #
City	State	ZIP
Phone	E-mail Address	
	Social Security No.	
Ethnicity <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian		
Emergency Contact (Name and Phone No.)		

Position Applied for	Date Available	Desired Salary
Do you currently hold a valid Driver's License? YES <input type="checkbox"/> NO <input type="checkbox"/>	Driver's License No.	
Do you currently hold a valid CDL? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, years of CDL driving experience	
CDL No.	CDL Expiration Date	
Do you currently hold a valid Medical Card? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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 been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Do you have any friends/relatives that currently work for us? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, who?	

EDUCATION
What is the highest level of education you have completed?
<input type="checkbox"/> High School/GED Equivalent <input type="checkbox"/> Some College <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Master's Degree

EXPERIENCE (CHECK ALL THAT APPLY)			
<input type="checkbox"/> Built-up Roof	No. of Years: _____	<input type="checkbox"/> EPDM Roof System	No. of Years: _____
<input type="checkbox"/> TPO Roof System	No. of Years: _____	<input type="checkbox"/> PVC Roof System	No. of Years: _____
<input type="checkbox"/> Shingle	No. of Years: _____	<input type="checkbox"/> Metal Roof System	No. of Years: _____
<input type="checkbox"/> Stone/Clay Tile	No. of Years: _____		

JOB RELATED TOOLS, MACHINES, AND EQUIPMENT YOU CAN OPERATE

**REFERENCES***Please list 2 work-related references*

Full Name	Relationship
Company	Phone (    )
Address	
Full Name	Relationship
Company	Phone (    )
Address	

**PREVIOUS EMPLOYMENT**

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

**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.

Signature

Date