

APPLICATION FORM

Date of application _____

Position applied for (if known) _____

How did you learn about us?

Advertisement

Friend

Employment Agency

Inquiry

Relative

Other

Your Last Name _____

First Name _____ Middle Initial _____

Address _____

Number/Street _____

City/State/Zip _____

Telephone Number _____

Social Security Number (voluntary) _____

Best time to contact you at home: _____

If you are under 18, can you provide required proof of eligibility to work? ____Yes ____No

Have you ever filed an application with us before? ____Yes ____No

If Yes, give date _____

Have you ever been employed with us before? ____Yes ____No

If Yes, give dates _____

Do any of your friends or relatives, other than spouse work here? ____Yes ____No

Are you currently employed? ____Yes ____No

May we contact your present employer? ____Yes ____No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ____Yes ____No

Proof of citizenship or immigration status will be required upon employment.

Are you available to work:

Full Time: please circle shift: 1st - 2nd - 3rd

Part Time: please circle: Mornings - Afternoons - Evenings

Temporary (please indicate dates available) _____

Are you currently on "lay off" status? ____Yes ____No

Can you travel if a job requires it? ____Yes ____No

Date available for work _____

What is your desired salary range? _____

EDUCATION

Please indicate name and address of school, number of years completed, and any degrees received.

Elementary School _____

High School _____

Undergraduate School _____

Graduate/Professional _____

Other (specify) _____

Please describe any specialized training, apprenticeship, skills, extracurricular activities.

Please describe any job-related training received in the United States military:

EMPLOYMENT EXPERIENCE

Please start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer _____
Dates Employed _____
Hourly Rate/Salary: Starting _____ Final _____
Employer's address _____
Employer's phone number _____
Your job title _____
Your Supervisor _____
Reason for leaving _____

Employer _____
Dates Employed _____
Hourly Rate/Salary: Starting _____ Final _____
Employer's address _____
Employer's phone number _____
Your job title _____
Your Supervisor _____
Reason for leaving _____

Employer _____
Dates Employed _____
Hourly Rate/Salary: Starting _____ Final _____
Employer's address _____
Employer's phone number _____
Your job title _____
Your Supervisor _____
Reason for leaving _____

State any additional information, other qualifications or specialized skills you feel may be helpful in considering your application. _____

- 1) I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

- 2) I hearby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

- 3) 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 employer.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or their application is active.

Signature of applicant _____

Date _____

Please print a copy of these forms, complete all categories, then mail or fax the completed forms.

Mail to:
HUMAN RESOURCES MGR.
Metalmaster Roofmaster
4800 Metalmaster Way
McHenry, IL 60050
hr@metalmaster.us

Fax to:
815-385-8738