

BLINDAUER'S INC. - ROOFING JOB APPLICATION

NAME IN FULL: _____ **S.S. #** _____

ADDRESS: _____ **CITY** _____ **STATE** _____

ZIP CODE: _____ **PHONE #** _____ **DATE OF BIRTH:** _____

DO YOU HAVE A DRIVERS LICENSE: _____ **YES** _____ **NO - CDL LICENSE:** _____ **YES** _____ **NO** _____

DRIVERS LICENSE # _____ **DATE OF EXPIRATION** _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ **YES** _____ **NO** _____

(NOTE: A CONVICTION WILL ONLY BE CONSIDERED IF IT RELATES TO THE PERFORMACE OF JOB BEING SOUGHT)

WHO TO NOTIFY IN CASE OF EMERGENCY: _____ **PHONE #** _____

*******EDUCATION*******

SCHOOL ATTENDED _____ **GRADE COMPLETED** _____

- 1) _____
- 2) _____
- 3) _____

EMPLOYMENT HISTORY

NAME OF BUSINESS _____ **TYPE OF WORK** _____ **DATES/WORKED** _____ **REASON FOR LEAVING** _____

- 1) _____
- 2) _____
- 3) _____

TYPES OF ROOFING WORKED ON: SHINGLES _____ HOT TAR _____ EPDM _____

TYPES OF SHINGLE ROOFS: RANCH _____ 1 1/2 STORY _____ 2-STORY _____

TYPE OF WORKER: HELPER: _____ FOREMAN: _____ IF SO, HOW MANY MEN? _____

DO YOU WANT: FULL TIME: _____ PART TIME _____ SUMMER ONLY _____

ARE YOU ABLE TO CLIMB _____ **YES** _____ **NO** _____ ARE YOU ABLE TO LIFT _____ **YES** _____ **NO** _____

A LADDER? _____

WORK RESTRICTIONS _____

WHEN CAN YOU START IF HIRED? _____ STARTING WAGE: _____

REFERENCES:

NAME _____ **ADDRESS** _____ **PHONE#** _____

- 1) _____
- 2) _____
- 3) _____

WILL YOU ABIDE BY THE SAFETY RULES OF BLINDAUER'S INC.? _____ YES/NO.

I HEREBY DECLARE ALL OF THE FOREGOING STATEMENTS TO BE COMPLETE AND TRUE, I AUTHORIZE YOU TO CONSULT MY PREVIOUS EMPLOYERS:

SIGNATURE: _____ DATE _____