



Roofing And Sheet Metal

2149 S. 116th St.
West Allis, WI 53227
(414) 727-6100

EMPLOYMENT APPLICATION

FOR

NAME: _____

DATE: _____

PHONE: _____

AN EQUAL OPPORTUNITY EMPLOYER

Alois Roofing and Sheet Metal provides equal employment and advancement opportunity for all qualified individuals without discrimination because of race, color, sex, creed, religion, age, pregnancy, national origin, arrest or conviction record, military service, marital status, genetic testing, disability, sexual orientation, honesty testing, veteran status, use or nonuse of lawful products away from work or any other protected characteristic recognized under applicable state, federal or local law.



EMPLOYMENT APPLICATION FORM

PLEASE PRINT ALL INFORMATION REQUESTED (EXCEPT SIGNATURE)

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Years at current residence: _____ Phone: _____

Date of birth: _____ Email: _____

Social Security No: _____

Days/Hours available to work:

Position Applied for: _____ No Pref _____ Thur _____

Date Available: _____ Mon _____ Fri _____

Salary desired: _____ Tue _____ Sat _____
(be specific) Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired: FULL TIME ONLY PART-TIME ONLY FULL OR PART TIME

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

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:

What is your means of transportation to work? _____

Do you have a driver's license? YES NO Driver's License No: _____

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? _____

OFFICE APPLICANTS ONLY

Typing: Yes No If yes, WPM: _____

10-Key Yes No If yes, KPM: _____

Word Processing: Yes No If yes, WPM: _____

Personal Computer: Yes No PC and/or Mac: _____

Other: _____

Skills: _____

Education

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION <i>(Complete mailing address)</i>	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus or Trade School				
Professional School				

References

Please list three professional references that we may contact:

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

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 NO

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 NO

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 NO

Military Service

Have you ever been in the armed forces? Yes No

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Additional Information

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying:

Did you complete this application form yourself: Yes No

If not, who did: _____

Disclaimer and Signature

[Please read carefully]

I understand that by completing and submitting this application for consideration for employment at Alois Roofing and Sheet Metal (Company), Alois Roofing and Sheet Metal has no obligation to hire me for employment. I also understand, if I become employed at Alois Roofing and Sheet Metal, my employment will be on an at-will basis which I understand to mean that Alois Roofing and Sheet Metal or I can terminate my employment at any time, for any reason, with or without cause, with or without prior notice. I further understand that no representative of Alois Roofing and Sheet Metal has the authority to make any assurances to the contrary and I understand that I will not be guaranteed employment for any indefinite duration.

By my signature below, I authorize the Company to contact references provided for employment reference checks and to verify the information contained in this application. I hereby release Alois Roofing and Sheet Metal from any and all liability of whatever kind and nature which could result from obtaining and basing any employment decision on such information.

I attest by my signature below that I have provided Alois Roofing and Sheet Metal with truthful, accurate and complete information on this application. I also attest that I have not concealed or omitted any information requested, and I attest I have not falsified statements of any kind in the application process or omitted or provided misleading information. I understand that if any information I have provided in this application is false or untrue, or if I have concealed or omitted any information requested, this will result in my denial of employment or immediate dismissal if I become employed by Alois Roofing and Sheet Metal.

Signature: _____ Date: _____

Applicant Consent Form for Drug Testing

[Please read carefully]

I, _____ [Applicant Name], do hereby agree to submit to testing to be conducted by _____ [Laboratory Name/Address] for the detection of drugs. I give my permission for test results to be provided to Alois Roofing and Sheet Metal.

I understand that positive test results, the refusal to be tested, or any attempt to affect the test results or test sample will result in the withdrawal of my application for employment, withdrawal of any conditional employment offer I may have received from Alois Roofing and Sheet Metal or the termination of my employment, depending on when the results are received.

Signature of Applicant: _____

Date: _____

Witnessed by: _____

Date: _____