

Employment Application



Please complete both sides of application.
INCOMPLETE or UNSIGNED applications will not be considered.

PERSONAL DATA

Name _____ Date of Application _____
Present Address _____
City State Zip
Phone () - _____ Cell Phone () - _____
E-Mail Address _____ Social Security # _____
Driver's License #: _____ Operator _____ CDL _____ - CDL Type _____
Are you a legal U.S Resident? Yes ___ No ___ Identification will be requested and required
How did you hear about this job opening? _____

EDUCATION

High School Diploma/GED Yes ___ No ___ Post-Secondary Degree? AA ___ BA ___ MA ___
Name of school beyond High School _____
Additional Education - Type _____ Where _____
=====

Position Sought: _____ Desired Pay Range: _____ Date Available: _____

Office ___ Roofing ___ Gutter ___ Windows/Doors ___ Siding/Trim ___ Awnings ___ Deck ___ Warehouse ___
Have you ever worked for Century Spouting **Yes No** If yes are you eligible for rehire **Yes No**
Are you available and able to work 5 days a week **Yes No** Are you able to work overtime when needed **Yes No**
Are you physically capable of performing the duties required for the position sought? **Yes No**

WORK EXPERIENCE (List most recent work experience first)

Company Name _____ Immediate Supervisor _____
Address _____
Street / P.O. Box City State Zip Code
Job Title _____ Phone () - _____
Dates Employed From: _____ to: _____
Hourly Rate/Salary: _____ Reason for Separation: _____
Job Description (duties, skills, equipment used) _____

Company Name _____ Supervisor _____
Address _____
Street / P.O. Box City State Zip Code
Job Title _____ Phone () - _____
Dates Employed From: _____ to: _____
Hourly Rate/Salary: _____ Reason for Separation: _____
Job Description (duties, skills, equipment used) _____

WORK EXPERIENCE Cont.:

Company Name _____ Supervisor _____

Address _____
Street / P.O. Box City State Zip Code

Job Title _____ Phone () _____ - _____

Dates Employed From: _____ to: _____

Hourly Rate/Salary: _____ Reason for Separation: _____

Job Description (duties, skills, equipment used) _____

Company Name _____ Supervisor _____

Address _____
Street / P.O. Box City State Zip Code

Job Title _____ Phone () _____ - _____

Dates Employed From: _____ to: _____

Hourly Rate/Salary: _____ Reason for Separation; _____

Job Description (duties, skills, equipment used) _____

MILITARY		
HAVE YOU EVER BEEN IN THE ARMED FORCES?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specialty _____	Date Entered _____	Discharge Date _____

LIST REFERENCES (preferably persons who know about your work/training)

Name _____ Phone Number _____

Name _____ Phone Number _____

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date. Do you want to be informed before we contact your present employer? **Yes No**

Two forms of Identification will be required as proof of residency and/or citizenship. With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

Signature: _____ Date: _____