

HERZOG ROOFING, INC.

EMPLOYEES

P.O. BOX 245, DETROIT LAKES, MN 56502-0245

required

PHONE (218) 847-1121 FAX (218) 847-3553

employment here.

NOTICE TO APPLICANTS AND

Screening tests for illegal drug use is

before hiring and during your

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, color, creed, religion, sex, age, national origin, sexual orientation, marital status, disability, membership or activity in a local human rights commission, or status with regard to public assistance.

PERSONAL

Applications will only be considered current and available for a 14 day period.

First	Middle	Last Name	Date
Street Address			Home Telephone ()
City, State, Zip			Other Phone ()
Have you ever applied for employment with us? ___ Yes ___ No If yes, when?			Social Security Number
Are you 18 years or older? ___ Yes ___ No	Are you legally eligible for employment in the United States? ___ Yes ___ No		Date you can start:
Position Desired:	Referred by:	Rate of Pay Desired:	
Are you employed now: ___ Yes ___ No If so, where:			Will you work overtime if asked? ___ Yes ___ No

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you graduate?	Degree or Diploma
Graduate				___ Yes ___ No	
College				___ Yes ___ No	
Business / Trade / Technical				___ Yes ___ No	
High School				___ Yes ___ No	
Elementary				___ Yes ___ No	

GENERAL

Subject of Special Study, Training or Skills:

Membership in Professional or Civic Organizations: (Exclude those that indicate race, color, religion, or national origin)

US Military or
Naval Service:

Rank:

Present Membership in
National Guard or Reserves:

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

Company Name:	Telephone: ()
Address:	Employed from: _____ to
Name of Supervisor:	Pay Rate: Start _____ Finish
Job Title/Description:	Reason for Leaving:
Company Name:	Telephone: ()
Address:	Employed from: _____ to
Name of Supervisor:	Pay Rate: Start _____ Finish
Job Title/Description:	Reason for Leaving:

Company Name:	Telephone: ()
Address:	Employed from: _____ to
Name of Supervisor:	Pay Rate: Start _____ Finish
Job Title/Description:	Reason for Leaving:
Company Name:	Telephone: ()
Address:	Employed from: _____ to
Name of Supervisor:	Pay Rate: Start _____ Finish

Job Title/Description:	Reason for Leaving:
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<i>REFERENCES</i>			Names of 3 people (not related to you) you have known at least 1 year:
<i>NAME</i>	<i>ADDRESS</i>	<i>PHONE</i>	<i>YEARS ACQUAINTED</i>
1.			
2.			
3.			

<i>IN CASE OF EMERGENCY, PLEASE NOTIFY:</i>			
Name:	Address:	Phone:	Relationship:

Date: _____ Signature: _____
 I certify that all the information submitted by me on this application is true and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that employment and compensation may be changed or can be terminated, with or without cause, and with or without notice, at any time.