

# HERZOG ROOFING, INC.

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

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

## 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.*

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

P E R S O N A L	First Middle Last Name		Date
	Street Address		Cell Phone ( )
	City, State, Zip		Email Address
	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: _____	Are you a convicted felon? ___ Yes ___ No If yes, what charge? _____	Will you work overtime if asked? ___ Yes ___ No

E D U C A T I O N	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	

G E N E R A L	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:

<h1 style="margin: 0;"><i>EMPLOYMENT</i></h1>	Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.
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<b>1</b>	Company Name:	Telephone: (    )
	Address:	Employed from: _____ to _____
	Name of Supervisor:	Pay Rate: Start _____ Finish _____
	Job Title/Description:	Reason for Leaving:

<b>2</b>	Company Name:	Telephone: (    )
	Address:	Employed from: _____ to _____
	Name of Supervisor:	Pay Rate: Start _____ Finish _____
	Job Title/Description:	Reason for Leaving:

<b>3</b>	Company Name:	Telephone: (    )
	Address:	Employed from: _____ to _____
	Name of Supervisor:	Pay Rate: Start _____ Finish _____
	Job Title/Description:	Reason for Leaving:

<b>4</b>	Company Name:	Telephone: (    )
	Address:	Employed from: _____ to _____
	Name of Supervisor:	Pay Rate: Start _____ Finish _____
	Job Title/Description:	Reason for Leaving:

<h2 style="margin: 0;"><i>REFERENCES</i></h2>		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:

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.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_