

"Installing confidence."

T. SMITH
SIDING & WINDOWS Inc.
www.tsmithsiding.com

APPLICATION FOR EMPLOYMENT
PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		Social Security #	
Address	City	State	Zip
Phone	E-Mail Address		
Do you have a valid Drivers License?	Do you have reliable transportation?		

EMPLOYMENT DESIRED

Position	Date you can start	Salary Desired
Are you employed?	If Yes, may we contact your present employer?	

Education History

Please list highest grade completed as well as any Trade school

Skills that apply to position

*****IMPORTANT*** BE SPECIFIC**

LIST EXPERIENCE

Install windows/Doors	
Run Break efficiently	
Install vinyl siding	
Fiber cement siding	
List other skills	

EMPLOYMENT HISTORY

Month and Year	Name and Phone# of Employer	Salary	Position	Reason for leaving
From				
To				
From				
To				
From				
To				
From				
To				

APPLICATION FOR EMPLOYMENT

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REFERENCES PLEASE LIST 3 PERSONS NOT RELATED TO YOU

NAME	PHONE	BUSINESS	YEARS KNOWN

IMPORTANT NOTE:

Please be advised that this position is for GENERAL LABORERS ONLY. The position is for FULL TIME. Benefits are an option after 180 days of employment. **You must provide your own hand tools.** All employees are responsible for getting to and from work with reliable transportation.

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds of dismissal.

I authorize investigation of all statements concerning my previous statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal and otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws".

Date

SIGNATURE

DO NOT WRITE BELOW THIS LINE

Interviewers Remarks

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