



Mt. Baker Roofing Inc. 3950 Home Road, Bellingham, WA 98226
P. 360.733.0191 F. 360.733.0192

APPLICATION FOR EMPLOYMENT

Please provide your current Washington State Drivers License or State ID Card and your Social Security Card with this Application.

NOTICE TO ALL APPLICANTS:

FEDERAL AND STATE LAW REQUIRES THAT ALL APPLICATION BE CONSIDERED WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE OR NATIONAL ORIGIN. WE BELIEVE IN AND FULLY SUPPORT THE PRINCIPLE OF EQUAL EMPLOYMENT OPPORTUNITY AND WILL FULFILL OUR OBLIGATION OT THE FULLEST.

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS? _____ Years _____ Months

HOME PHONE NUMBER (____) _____ CELL PHONE (____) _____ SSN _____ - _____ - _____

POSITIONS APPLIED FOR: _____

WORK SCHEDULE DESIRED: FULL TIME PART TIME TEMPORARY PERMANANT

RATE OF PAY EXPECTED: TO START \$ _____ @ 6 MO \$ _____ @ 1 YR \$ _____

HOW DID YOU HEAR ABOUT THIS OPENING?: _____

HAVE YOU WORKED WITH US BEFORE?: NO YES WHEN/HOW LONG? _____

PREVIOUS JOB TITLE: _____ REASON FOR LEAVING?: _____

LIST ANY FRIENDS/RELATIVES WORKING WITH US NOW: _____

LIST ANY SPECIAL SKILLS YOU HAVE FOR POSITIONS APPLIED FOR ABOVE: _____

HAVE YOU EVER BEEN BONDED?: NO YES WHEN: _____

HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST 10 YEARS? (EXCLUDING TRAFFIC VIOLATIONS): NO

YES IF YES, LIST ANY CONVICTIONS: _____

DO YOU HAVE ANY PHYSICAL HANDICAPS PREVENTING YOU FROM DOING CERTAIN TYPES OF WORK?

NO YES IF YES, DESCRIBE HANDICAP/LIMITATIONS: _____

HAVE YOU HAD ANY SERIOUS ILLNESS IN THE PAST 5 YEARS?: NO YES

IF YES, DESCRIBE _____

EMPLOYMENT HISTORY: LIST IN REVERSE ORDER BEGINNING WITH PRESENT EMPLOYERPLEASE PROVIDE THE FOLLOWING INFORMATION: EMPLOYER/COMPANY NAME, ADDRESS, CITY/STATE/ZIP AND REASON FOR LEAVING

EMPLOYER/COMPANY	POSITION/DUTIES	DATES OF EMPLOYEMENT		RATE OF PAY	
		Beginning	Ending	Starting Wage	Ending Wage
1. Address: Reason For Leaving:	Position/Duties	Beginning	Ending	Starting Wage \$ _____ Per _____	Ending Wage \$ _____ Per _____

2. Address: Reason For Leaving:	Position/Duties	Beginning	Ending	Starting Wage \$ _____ Per _____	Ending Wage \$ _____ Per _____
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3. Address: Reason For Leaving:	Position/Duties	Beginning	Ending	Starting Wage \$ _____ Per _____	Ending Wage \$ _____ Per _____
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PERSONAL OR BUSINESS REFERENCES:

NAME	ADDRESS	RELATIONSHIP	PHONE #
1.			
2.			
3.			

APPLICANT: READ & SIGN BELOW

The information provided by me in this application for employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal. You are hereby authorized to conduct any investigation of my personal history and/or credit and financial records employing investigation or credit agencies or bureaus of your choice subject to the provision of the Fair Credit Reporting Act.

SIGNATURE OF APPLICANT

DATE