

Application for Employment (Please type or print, and answer all questions)

Mint Roofing is an equal opportunity employer dedicated to a policy of nondiscrimination in employment upon any basis, including race, color, creed, religion, age, sex, national origin, ancestry, sexual orientation, marital status, or the presence of any physical or mental medical condition or disability.

In reading and answering the following questions, please keep in mind that none of the questions are intended to imply any limitations, illegal preferences, or discrimination based upon any non-job related information.

This application will be given complete consideration, but its receipt does not imply that the applicant will be employed.

Personal Data

Last Name	First	Middle	Date of Application
Address/Street		Apt. #	
City	State	Zip	
_() Home Phone		Social Securi	ty#
Position(s) Applied For		Date Availab	le to Start Work
Type of work desired:	Full TimePart Time	Temp	orarySummer Only
Are you currently a member	of Roofer's Local 96? No If	Yes %	or Journeyman?
Are you 18 years of age or o	older?YesNo		
General Informat	ion		
Is this the first time you hav	e applied at Mint Roofing? If no, ple	ase give date a	nd position applied for.
	YesNo		
Are you a U.S. citizen or oth	nerwise currently authorized to obtain	n lawful emplo	yment in this country?
	YesNo		
If the job desired requires us	se of a motor vehicle, do you have a	valid Minnesot	a driver's license?
	YesNo		

	s, have you ever been der o, reckless driving? If yo	nied a driver's license, or convies, please explain. YesNo	cted of a moving traffic offe
	yment since the nature of	ed from prison? (Note: A "yes the offense, date, and type of j	
Education Please include high school, ollege and any technical, ocational or military training)	Name(s) and location(s) of school(s)	Number of years completed	Degree/Diploma received
eferences			
ease list three individuals	s who are not former emp	ployers or relatives.	
Name	Add	ress	City/State/Zip
Phone	Occ	upation	
Name	Add	ress	City/State/Zip
Phone	Occ	upation	
Name	Add	ress	City/State/Zip
Phone	Occ	upation	

Employment History

Please provide complete information. Be specific. Start with your current or most recent job. Include self-employment and military service. Show any changes in job title for the same employer as a separate position.

Employer	Address	City/State/Zip	-
Job title and duties			-
Dates of employment	Reason(s) for leaving		-
Supervisor and phone numb	er, if known		-
Employer	Address	City/State/Zip	-
Job title and duties			-
Dates of employment	Reason(s) for leaving		-
Supervisor and phone numb	er, if known		-
Employer	Address	City/State/Zip	-
Job title and duties			-
Dates of employment	Reason(s) for leaving		-
Supervisor and phone numb	er, if known		-

Authorizations/Statements of Condition

(Please read carefully and initial each paragraph before signing below.)

I promise that the information provided in this employment application and or resume is true and complete. I understand that any false information or significant omissions may disqualify me from employment. I agree to immediately notify the company if I should be convicted of a felony, or crime involving dishonesty or a breach of trust, while my job application is pending or during employment, if hiredInitials
I authorize the investigation of all statements contained in this application and or resume. I also authorize the company to contact my listed present employer (unless otherwise noted in this application form), past employers, and references. I further authorize the company's insurer to obtain and examine my driving record (MVR). I understand that the company may request an investigative consumer report from a consumer reporting agency that includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and other. I also understand that under the Federal Fair Credit Report Act, I have the right to make a written request to the company, within a reasonable time, for the disclosure of the name and address of the consumer reporting agency so that I many obtain full disclosure of the nature and scope of the investigationInitials
I authorize any person, school, past or present employers (except as noted), and organizations named in this application and or resume to provide the company with relevant information and opinion useful to the company in making a hiring decision. I release such persons and organizations from any legal liability in making such statementsInitials
I give permission for a complete physical examination, including a drug and alcohol screen and x-rays. I consent to the release of any and all medical information, deemed necessary by the company in judging my capability to do the work for which I am applyingInitials
I understand that if my employment is terminated by the company for dishonesty, breach of trust, or any criminal acts, the authorities may be notified and I may be criminally prosecuted. I also understand that, if hired, I may not hold other employment, nor engage in sales, investments or other activities that create a conflict of interest with this company. Initials
I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, and may, regardless of the date of payment of my wages or salary, be terminated at any time. I understand that no person is authorized to change any of the terms mentioned in this employment application formInitials
The following list contains examples of employee conduct deemed unacceptable by Mint Roofing. And, if hired, I understand that such conduct may lead to disciplinary action, including dismissal.
 Reporting to work under the influence of drugs or alcohol, or using drugs or alcohol during work hours. Insubordination, including but not limited to, refusal to obey work orders and use of abusive or obscene language to any employee, supervisor, or manager. Absenteeism without permission or notification. Repeated tardiness. Falsifying hours on time cards. Failure to observe company medical and safety rules. Theft or intentional destruction of company property, or property of other employees. Failure to report accidents causing personal injury or property damage. Physically assaulting or fighting with another employee. Unauthorized use of the company's equipment or supplies. Smoking in restricted areas. Gross or willful neglect of duty.
IF YOU ARE GIVEN A CONDITIONAL OFFER OF EMPLOYMENT, A MEDICAL EXAMINATION MAY BE REQUIRED BEFORE YOU START WORK. IF THE EXAMINATION DISCLOSES MEDICAL CONDITIONS THAT PREVENT YOU FROM SUCCESSFULLY PERFORMING THE ESSENTIAL FUNCTIONS OF THE JOB THE COMPANY WILL ATTEMPT TO MAKE ACCOMMODATIONS TO ALLOW YOU TO WORK. IF NO REASONABLE ACCOMMODATIONS CAN BE FOUND, OR THEY CAUSE AN UNDUE HARDSHIP ON THE COMPANY, THE CONDITIONAL OFFER OF EMPLOYMENT WILL BE WITHDRAWN.

Signature of Applicant