

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) AA/EOE

I UNDERSTAND THAT, SHOULD I BE OFFERED EMPLOYMENT, IT WILL BE CONTINGENT ON MY SUCCESSFULLY PASSING A PRE-EMPLOYMENT PHYSICAL AND DRUG TEST.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE

PERSONAL INFORMATION

Date _____

NAME _____ SOCIAL SECURITY NO. _____
 (Last) (First) (Middle)
 PRESENT ADDRESS _____
 (Street) (City) (State) (Zip)
 PERMANENT ADDRESS _____
 (Street) (City) (State) (Zip)
 PHONE NO. _____ DATE OF BIRTH _____
 (month) (day) (year)

EDUCATION	NAME & LOCATION OF SCHOOL	*No. Years Attended	*Did You Graduate?	Subjects Studied
HIGH SCHOOL				
VOCATIONAL, BUSINESS OR CORRESPONDENCE				
APPRENTICESHIP OR COLLEGE				

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

GENERAL

ARE YOU A U.S. CITIZEN? YES NO IF NOT, EXPLAIN IMMIGRATION AUTHORIZATION _____

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

DO YOU HAVE A VALID DRIVERS LICENSE? YES NO LICENSE NO. _____ STATE _____

HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? * YES NO DESCRIBE _____

*A conviction will not necessarily disqualify you from employment depending on the nature of the offense and the position(s) sought.

DESCRIBE ROOFING AND SHEET METAL WORK EXPERIENCE IF ANY:

Are you registered with the local Union? YES _____ NO _____
 If you are an Apprentice, what % have you reached? _____ %

FORMER EMPLOYERS (List below last four employers, starting with last one first.)

MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				

PHYSICAL RECORD: HEIGHT _____ WEIGHT _____

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES _____ NO _____

PLEASE DESCRIBE:

ARE YOU REGISTERED UNDER THE MINNESOTA SECOND INJURY WORKERS COMPENSATION FUND? YES _____ NO _____

DO YOU HAVE ANY OF THE FOLLOWING CONDITIONS WHICH MAY BE REGISTERED UNDER THE STATE OF MINNESOTA SECOND INJURY FUND? IF SO, PLEASE CHECK ANY OR ALL CONDITIONS THAT APPLY TO YOU:

- | | |
|--|---|
| _____ a. Epilepsy | _____ m. Muscular Dystrophy |
| _____ b. Diabetes | _____ n. Thrombophlebitis |
| _____ c. Hemophilia | _____ o. Brain Tumors |
| _____ d. Cardiac Disease* | _____ p. Pott's Disease |
| _____ e. Partial or entire absence of thumb, finger, hand, foot, arm or leg | _____ q. Seizures |
| _____ f. Lack of sight in one or both eyes or vision in either eye not correctable for 20/40 | _____ r. Cancer of the Bone |
| _____ g. Residual disability from poliomyelitis | _____ s. Leukemia |
| _____ h. Cerebral Palsy | _____ t. Any other physical impairment resulting in a disability rating of at least 10% of the whole body if the physical impairment were evaluated according to standards used in workers compensation proceedings.* |
| _____ i. Multiple Sclerosis | |
| _____ j. Parkinson's Disease | |
| _____ k. Cerebral Vascular Accident | |
| _____ l. Chronic Osteomyelitis | _____ u. NONE OF THE ABOVE |

* For items "d" and "t", describe the condition to be registered (e.g. myocardial infarct, back, 15% body as a whole, etc.). Attach another sheet if you require additional space. Objective medical reports supporting registration must be attached.

IN CASE OF EMERGENCY, NOTIFY: _____
 (Name) (Address) (Phone)

REFERENCES: (Give the names of three persons not related to you whom you have known known at least one year.)

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

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 FOR DISMISSAL.

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

HIRED: YES NO POSITION DEPT.

SALARY/WAGE DATE REPORTED TO WORK

APPROVED 1. (Employment Manager) 2. (Department Head) 3. (General Manager)

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