

# **MCKINNIS** **ROOFING & SHEET METAL**

164 S. 1<sup>st</sup> Street  
Blair, NE 68008

## **Employment Application**

**First Name**                      **Middle**                      **Last**                      **Daytime Phone**

**Applicants Signature**                      **Date**                      **Other Phone**

**Current Address**                      **City**                      **St**                      **Zip**

\* if at the above residence less than 3 years, list below all residences for the past 3 years.

**Street**                      **City**                      **St**                      **Zip**

**Street**                      **City**                      **St**                      **Zip**

Position Applying for: \_\_\_\_\_ (Circle One) Temporary • Full Time • Part Time

How many hours can you work per week? \_\_\_\_\_ Date Available \_\_\_\_\_ Rate of Pay Expected \_\_\_\_\_

### **GENERAL INFORMATION**

Have you worked for this company before? YES NO Dates: From: \_\_\_\_\_ to \_\_\_\_\_

Where? \_\_\_\_\_ Rate of Pay? \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Names of relatives employed by this company \_\_\_\_\_

Are you currently employed?..... YES \_\_\_\_\_ NO \_\_\_\_\_

If you are currently employed, may we contact your present employer?.....YES \_\_\_\_\_ NO \_\_\_\_\_

Are you at least 18 years old?.....YES \_\_\_\_\_ NO \_\_\_\_\_

(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?.....YES \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a criminal offense (felony or serious misdemeanor? YES NO

If YES, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar from employment – all circumstances will be considered.

Have you ever worked for this company under another name? NO YES If so, what name? \_\_\_\_\_

Physical demands of roofing work such as lifting repeatedly over 100lb., twisting, and bending are part of the job. Do you have any physical limitations that would restrict your ability to perform this kind of work?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, describe the functions that cannot be performed \_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

If the job requires, do you have a valid driver's license? .....YES \_\_\_\_\_ NO \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Type: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Applicants Name: \_\_\_\_\_

**EDUCATION** Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Do you speak, write or understand any foreign languages? .....YES\_\_\_\_\_ NO\_\_\_\_\_

If yes, which languages? \_\_\_\_\_

**EMPLOYMENT HISTORY** List below all present and past employment, starting with your most recent employer. Account for periods of unemployment. You must complete this section even if attaching a resume.

**Name of Employer** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Type of Business: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Wage: \_\_\_\_\_

Your position and duties: \_\_\_\_\_

Date of employment: From \_\_\_\_\_ to \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Name of Employer** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Type of Business: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Wage: \_\_\_\_\_

Your position and duties: \_\_\_\_\_

Date of employment: From \_\_\_\_\_ to \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Name of Employer** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Type of Business: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Wage: \_\_\_\_\_

Your position and duties: \_\_\_\_\_

Date of employment: From \_\_\_\_\_ to \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Applicants Name: \_\_\_\_\_

**REFERENCES** List below three people not related to you who have knowledge of your work performance within the last three years.

**Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **No. of years acquainted:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **No. of years acquainted:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **No. of years acquainted:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles, activities, accomplishments, etc.

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Applicants Name: \_\_\_\_\_

**CONSTRUCTION EXPERIENCE AND QUALIFICATIONS**

List specific training in construction work or roof mechanics: \_\_\_\_\_

**Automotive Shop:**

Indicate Training and Experience in the Following:	Formal Training	Years of Experience	Area	Formal Training	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up and Rebuild			Frame and Wheel Alignment		
Gas Engine Tune-up and Rebuild			Electrical Repair		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Diagnostic Equipment			General Car Care		
Inspections (St./Federal)					

**Sheet Metal and Shop Equipment**

Indicate Training and Experience in the Following:	Formal Training	Years of Experience	Area	Formal Training	Years of Experience
Electric Welder (Mig/Stick)			Press Break		
Oxyacetylene Welder			Shear		
Paint Spray Gun			Pittsburgh Machine		
Magnetic Crack Detector			Drill Press		
Engine Analyzer			Rivet Machines		
Noise Measuring Equip.			Punch Press		
Table Saw			Automatic Break		
Compressor			Skill Saw		

**Roof Mechanics and Construction Equipment**

Indicate Training and Experience in the Following:	Formal Training	Years of Experience	Area	Formal Training	Years of Experience
Roof Cutter			Motorized Conveyor		
Power Broom			Chop Saw		
Power Luger			Bench Grinder		
Gravel Buggy			Motorized Hoist		
Bulk Asphalt Tank			Generator		
Asphalt Kettle			Circular Saw		
Rocker			Power Sprayer		
Spud Machine			Bobcat		
Reciprocating Saw			Hammer drill		

**PLATFORM EXPERIENCE & QUALIFICATIONS**

List types of platform experience and number of years of each: \_\_\_\_\_

List platform equipment you can operate (Forktruck, Lull, Scissor Lift, etc.): \_\_\_\_\_

List formal Training that qualifies you as a Forktruck operator: \_\_\_\_\_

List formal training and experience with scaffolding: \_\_\_\_\_

Applicants Name: \_\_\_\_\_

**APPLICANT MUST READ AND SIGN**

**CERTIFICATION AND RELEASE**

I hereby certify that I have not knowingly withheld any information that might adversely affect my changes for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Under the Fair Credit Reporting Act, Public Law 91-508, I agree, understand and I hereby authorize the company to thoroughly investigate my references, work record, education, driving record, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect that use of illegal drugs prior to employment and/or during employment.

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company, is for no definite or determinable period and may be terminated at any time (at will), with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

I understand that I am being hired as an at will employee.

\_\_\_\_\_ **Date** \_\_\_\_\_ **Applicants Signature**

**FOR OFFICE USE ONLY**

Applicant Hired: YES NO Date of Birth \_\_\_\_\_  
Date Employed: \_\_\_\_\_ Starting Date \_\_\_\_\_  
Department: \_\_\_\_\_ Classification: \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY:** \_\_\_\_\_

Relationship Address Phone

	Date	Superior	Good	Fair	Below Avg	Poor	Written record in file
Application Interview							
Physical Exam							
Past Employment							
Road Test*							
Traffic Records*							

\*Driver Applicants Only

Signature of Interviewing Officer: \_\_\_\_\_ Date \_\_\_\_\_

Termination of Employment	
Date Terminated: _____	Dept Released from: _____
Dismissed: _____	Voluntarily Quit: _____ Other: _____
Termination Report placed in file: _____	Supervisor: _____

# **McKinnis Roofing & Sheet Metal, Inc.**

## **Substance Testing**

### **Consent Form**

#### **Please Read Carefully**

I understand McKinnis Roofing & Sheet Metal, Inc. is committed to providing a productive and safe work environment for all employees. To further this goal, McKinnis Roofing & Sheet Metal, Inc. has established a substance testing program. The program applies to in appropriate instances and in accordance with applicable law, applicants who have received a conditional offer of employment and McKinnis Roofing & Sheet Metal, Inc. employees.

Consistent with this program, I freely and voluntarily consent to provide blood, breath, and/or urine samples, upon request by an authorized representative of McKinnis Roofing & Sheet Metal, Inc., to determine whether drugs or other chemical intoxicants (including alcohol in appropriate cases) are present in my system. I agree to fully cooperate with McKinnis Roofing & Sheet Metal, Inc., it's representatives, insurers, medical review officer (if any) and any representative or agent of a clinic, laboratory and/or hospital involved in the sample collection, testing, evaluation, reporting and confirmation process.

I further consent to and authorize the release of all information generated by or obtained from my participation in the substance testing program to McKinnis Roofing & Sheet Metal, Inc., its agents, representatives, insurers, and appropriate governmental agencies such as the state unemployment or worker's compensation commissions.

To the extent allowed by applicable law, I release and hold harmless, individually and collectively, each person or business entity involved in the sample request, collection, testing, evaluation, reporting and for any decisions, adverse or otherwise, made concerning my application for employment, continued employment or benefits eligibility on the test results.

I understand the my failure or refusal to comply in all respects to the terms contained herein or a positive test result at the level established by McKinnis Roofing & Sheet Metal, Inc. may be grounds to reject my application or rescind a conditional offer of employment or, if employed, disciplinary action up to and including termination.

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**Print Name**

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**Signature**

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**Date**