

# RAIN CONTROL CONTINUOUS GUTTERS EMPLOYMENT FORM

PLEASE NOTE: Complete all parts of th application. If your application is incomplete, or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter n/a section, please write N/A

## NAME AND ADDRESS

First	Middle	Last	
Name:		Social Security Number:	
Mailing Address:			
City, State, Zip			
Home Phone:		Cell Phone:	
E-Mail Address:		May we use email to contact you?	

## ADDITIONAL INFORMATION

Are you currently employed?	Yes	No	If so where?
I hereby certify that I am in compliance with the provisions of the Selective Service Act (Draft Registration).			Yes      No
I hereby certify that I am a US citizen, permanent resident, or foreign national with authorization to work in the United States.			Yes      No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment or felony?			Yes      No
Is so, please explain:			
Do you have a valid Driver's License?	Yes	No	
Do you have auto insurance?	Yes	No	
Do you have reliable transportation to get to and from work?	Yes	No	

## EDUCATION

School	From:	To:	Did you graduate?
Location:		Type of Degree or Diploma:	
School	From:	To:	Did you graduate?
Location:		Type of Degree or Diploma:	

## WORK HISTORY

Job Title:	From	To	Employer:
Address:	Phone:	Supervisor:	May we contact this person?
Reason for leaving?			
Job Title:	From	To	Employer:
Address:	Phone:	Supervisor:	May we contact this person?
Reason for leaving?			
Job Title:	From	To	Employer:
Address:	Phone:	Supervisor:	May we contact this person?
Reason for leaving?			
Signature:		Date:	

*I hereby certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my removed from consideration, or my employment be terminated.*

