

COTTERMAN AND COMPANY, INC.

PO Box 75

Minster, Ohio 45865

419-629-3713

EMPLOYMENT APPLICATION

“AN EQUAL OPPORTUNITY EMPLOYER”

In compliance with the Federal and State Equal Employment Opportunity Laws, qualified applicants are considered for all positions without regard to Race, Religion, Sex, National Origin, Age, Marital Status, Disability or other Protected Category.

Date of Application: _____ Position Sought: _____

How did you learn about the position? _____

Applicant Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Other Phone _____

Social Security Number: _____ Are you 18 years of age? ____ Yes ____ No

Would you accept full-time work? **Y N** Would you accept part-time work? **Y N**

Have you ever been employed by us before? **Y N**

If yes, please give approximate dates of prior employment with this company _____

On what date would you be available for work? _____

Desired Wage /Salary \$ _____

Are you a U.S. citizen or are you otherwise authorized to work in the U.S. without any restriction? [] Yes [] No

Have you ever been convicted of a felony *or* dishonorably discharged from the Armed Forces of the United States? [] Yes [] No If yes, it will not automatically exclude you from consideration. If yes, please describe the circumstances.

Have you ever been involuntarily terminated or asked to resign from any position of employment? [] Yes [] No

If yes, please describe circumstances:

If selected for employment, are you willing to submit to a pre-employment drug screening test?
[] Yes [] No

Our work is physically demanding. Do you have the Physical Ability to do Roofing Work?
[] Yes [] No

EDUCATIONAL BACKGROUND:

Please circle the highest level completed in each category.

Grammar School 5 6 7 8

High School 9 10 11 12

College 1 2 3 4

LIST SCHOOLS

Other training, certifications, or licenses held:

List other information pertinent to the employment you are seeking:

EMPLOYMENT *(Most Recent First.)*

May we contact your most recent and / or current employer? **Yes** **No**

1. Employer _____ Job Title _____

Dates Employed _____ Prior Position Held within Company (if any): _____

Address _____ City _____ State _____ Zip _____

Phone _____ Job Title _____ Supervisor _____

Starting Salary _____ Ending Salary _____

Duties Performed _____

Reason for Leaving _____

2. Employer _____ Job Title _____

Dates Employed _____ Prior Position Held within Company (if any): _____

Address _____ City _____ State _____ Zip _____

Phone _____ Job Title _____ Supervisor _____

Starting Salary _____ Ending Salary _____

Duties Performed _____

Reason for Leaving _____

3. Employer _____ Job Title _____

Dates Employed _____ Prior Position Held within Company (if any): _____

Address _____ City _____ State _____ Zip _____

Phone _____ Job Title _____ Supervisor _____

Starting Salary _____ Ending Salary _____

Duties Performed _____

Reason for Leaving _____

Personal References:

(Other than family members or previous employers)

- 1. Name _____ Phone number _____
Address _____ Relationship _____
- 2. Name _____ Phone Number _____
Address _____ Relationship _____
- 3. Name _____ Phone Number _____
Address _____ Relationship _____

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by The President of this organization.

In the event of employment, I understand that false or misleading information given in my application and interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND UNDERSTAND EVERYTHING ON THIS APPLICATION. ALL ANSWERS GIVEN BY ME ARE COMPLETE AND TRUTHFUL.

Signature of Applicant

Date