



Application For Employment

Pre-employment Questionnaire for Dudeck Roofing & Sheet Metal which is an Equal Opportunity Employer.

Dudeck Roofing & Sheet Metal Inc.

1634 Franklin Street | South Bend, IN 46613

INSTRUCTIONS

Please Print and turn in at the office, or type information into the form fields and hit "Submit" at the end of the application.

PERSONAL INFORMATION				
Social Security Number			DATE	
Name				
<i>Last</i>		<i>First</i>		<i>Middle</i>
Address				
<i>Street</i>			<i>City</i>	<i>State</i> <i>Zip Code</i>
County of Residence		Date of Birth		Veteran?
Home Phone (Include Area Code)			Cell Phone	
Do You Have Reliable Transportation? (Y or N)			Drivers License #	
Are You A U.S. Citizen? (Y or N)				

OPTIONAL INFORMATION FOR AFFIRMATIVE ACTION RECORDS	
<p>The Joint Apprentice and Training committee has filed an Affirmative Action Plan with the United States Department of Labor. In order to help us meet our obligation under the Plan and regulations issued by the Equal Employment Opportunity Commission under the provisions of the Civil Rights Act of 1964, we request that you answer the following questions.</p>	
<p>Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Check One: <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black (Non Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> White (Non Hispanic)</p>

EDUCATION	
Did you graduate from High School? (Y or N)	If yes: In Which Year?
If NO, did you obtain a G.E.D.? (Y or N)	From Where?
Did you continue your education after high school? (Y or N) If yes, please state:	Have you attended a Trade or Business School? (Y or N) If yes, please state:
Name & Location of School:	Name & Location of School:
# of Years Attended:	# of Years Attended:
Did you graduate?	Did you graduate?

EMPLOYMENT HISTORY (List most recent employment first)

Name of **CURRENT** or last employer:

Address

Street

City

State

Zip Code

Date Started:

Leaving Date:

Job Title:

Description of Work Performed:

Reason(s) for leaving:

Previous Employer #2

Address

Street

City

State

Zip Code

Date Started:

Leaving Date:

Job Title:

Description of Work Performed:

Reason(s) for leaving:

Previous Employer #3

Address

Street

City

State

Zip Code

Date Started:

Leaving Date:

Job Title:

Description of Work Performed:

Reason(s) for leaving:

DESIRED EMPLOYMENT

Position Desired _____

Have you applied for work here previously? (Y or N)

Date You Can Start _____

Have you worked here previously? (Y or N)

Salary Desired _____

When? (If answered Yes above)

Who referred you to this company? (Put an "X" next to the one(s) that apply)

Employment Agency _____

Friend? _____

State Employment Office _____

If yes, what is name of friend? _____

Newspaper Advertising _____

Not Applicable, Walk-In _____

College Placement Service _____

Other _____

Are you now or have you ever worked for a Local #20 Sheet Metal Contractor? (Y or N)

If yes, for whom?

Are you now or have you ever worked for a Local #23 Roofing Contractor? (Y or N)

If yes, for whom?

PERSONAL REFERENCES (other than relatives), List two and provide contact number.

Reference #1

Reference #2

GENERAL QUESTIONS (Please describe all answers below)

Have you ever done any work relating to the construction trades?

Why did you choose to apply with us?

What do you think is important for us to know about you and how you fit into the Roofing & Sheet Metal Industry?

We may require a full background check / drug screening. Would this be a concern for your continued employment?

Have you ever been convicted of a felony? If so, state what:

Do you have any medical conditions that would prevent you from performing the required workload?

Are you afraid of heights?

Thank you for your interest in working with us at DRSM.

Please review your application for completion & answer ALL questions completely as possible.