



Roofing • Siding • Windows • Doors

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Joe Wiss: joew@crowncsupply.com

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex religion, disability or national origin.

Date / /

Employment Desired

Position	Date You Can Start	Salary Desired	Type of Employment Full-time <input type="checkbox"/> Summer <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/>
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Are you employed now? YES NO If so may we contact your present employer? YES NO

Have you ever applied to this company before? YES NO Where? When?

Personal Information

Last Name First Name Middle Name

Address (number, Street, City, State, Zip Code)

Social Security Number Home Telephone Number Referred By

Education

High School Attended and Location	No. of Years Completed	Did you graduate Yes <input type="checkbox"/> No <input type="checkbox"/>	
College Attended and Location	No. of Years Completed	Did you graduate Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
Trade, Business or Correspondence School Attended and Location	No. of Years Completed	Did you graduate Yes <input type="checkbox"/> No <input type="checkbox"/>	

General

Special Courses or Training

Experience/Skills Related to the Position for Which You Are Applying

Office/Secretarial Applications

Skill/Aptitude	Years of Experience	Words Per Minute	Software Used (in Word Processing)
Typing			
Shorthand			
Word Processing			

List secretarial training courses completed and any other training that may be helpful in considering your application.

Employment History (list Present or Most Recent Positions First)

Name of Employer		Address (Number, Street, City, State, Zip Code)		
Phone	Type of Business	Department	Your Position	

Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
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Reason for Leaving

Name of Employer		Address (Number, Street, City, State, Zip Code)		
Phone	Type of Business	Department	Your Position	

Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
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Reason for Leaving

Name of Employer		Address (Number, Street, City, State, Zip Code)		
Phone	Type of Business	Department	Your Position	

Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)

Date Left (Day, Month, Year)

Starting Salary

Final Salary

Reason for Leaving

State any additional information you feel may be helpful to us in considering your application.

Other Experience

In this section, list any job experience not listed above that most directly relates to the job for which you are now applying.

Name of Employer

Address (Number, Street, City, State, Zip Code)

Phone

Type of Business

Department

Your Position

Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)

Date Left (Day, Month, Year)

Starting Salary

Final Salary

Reason for Leaving

I certify that the information provided is true and correct.

Signature _____

*PRE-EMPLOYMENT URINALYSIS
CONSENT FORM*

I understand that as required by the Federal Motor Carrier Safety Regulations, Title 49 United States Code of Federal Regulations, Section 391.103, and company policy, all prospective drivers must submit to a controlled substances test.

A urine sample will be collected and tested for use of controlled substances.

I also understand that if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle.

The results of the drug test will be maintained by the Medical Review Officer for the company who will report whether the test results were negative or positive to the motor carrier. The results will not be released to any additional parties without my written authorization.

I hereby agree to submit to a drug screen urinalysis.

Print Applicant's Name

Date

Applicant's Signature

DOT REGULATIONS REQUIRE CROWN C SUPPLY TO CHECK THE MOTOR VEHICLE REPORTS OF ALL EMPLOYEES, ANNUALLY AND BEFORE HIRING. BY SIGNING BELOW YOU ARE GIVING CROWN C SUPPLY PERMISSION TO REQUEST YOUR MOTOR VEHICLE REPORT FROM ANY AGENCY CROWN C SUPPLY DEEMS APPROPRIATE.

Signature _____ Date _____