



Contact Numbers
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APPLICATION FOR EMPLOYMENT

Roof Dancers, Inc.
 2708 N 4th Street - Ste Z
 Flagstaff, AZ 86004

POSITION APPLIED FOR: You must fill out all sections of this application completely and honestly. This information will be used to determine your eligibility for this position. All application materials become the property of the Roof Dancers, Inc. and will not be returned. (NOTE: A separate application must be completed for each position for which you are applying.)

PERSONAL INFORMATION as it appears on your SSN card

Name (Last)	(First)	(Middle Initial)	Social Security Number - -
Address (Street)		(City)	
E-mail Address		(State)	(Zip)
Home Phone Number ()	Work Phone Number ()	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you available to start immediately? <input type="checkbox"/> Yes <input type="checkbox"/> No
Age Are you 18 years of age or over? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you been employed under other names? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List Name(s):			
Are you now or have you been employed by other stove shops? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List dates, shops, and position (s):			
Do you own and operate your own car? <input type="checkbox"/> Yes <input type="checkbox"/> No			Salary Desired?
How did you find out about this job opening? <input type="checkbox"/> Web page (Employment Opportunity List) <input type="checkbox"/> Friend <input type="checkbox"/> Newspaper (Identify) <input type="checkbox"/> Other (Please Explain):			
Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If employed, you must show documents that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.</i>			

EDUCATION & SKILLS

Please list all education beginning with most recent. Indicate a diploma or degree, if completed, including GED if obtained.

Name & Location of School	# of yrs. Completed	Graduated		Degree & Major
College		<input type="checkbox"/> Yes	If no, approx. number of credit hours completed:	
Other		<input type="checkbox"/> Yes	If no, approx. number of credit hours completed	
Other		<input type="checkbox"/> Yes	If no, approx. number of credit hours completed	
High School/GED		<input type="checkbox"/> Yes	If no, approx. number of credit hours completed	

OFFICE/COMPUTER SKILLS

<input type="checkbox"/> Word Processing	<input type="checkbox"/> Presentation Software	<input type="checkbox"/> Transcription	<input type="checkbox"/> Database	<input type="checkbox"/> Desktop Publishing
<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Typing ____ wpm	<input type="checkbox"/> PC/IBM	<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Ten key by touch

SKILLS/CERTIFICATIONS: List technical or specialized skills/credentials relevant to this job, including driver's license (list type of license and name of state where issued), certifications, professional licenses, registrations held (include certification/registration number and expiration date) and knowledge of any specific software or hardware. Attach a separate page if additional space is needed.

EMPLOYMENT HISTORY: List all employment including military and volunteer service *starting with the most current position held*. Show employment history for at least 10 years or from the time you left school (supplemental sheets available). Explain gaps in employment history. You may attach a resume, *but you must complete the employment history section*. This information will be used in *reference* checks. Failure to answer all items in the following section may eliminate you from further consideration.

Dates Employed (month/year) From: _____ To: _____		Position Title
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____		
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:
Duties:		
Reason For Leaving:		

Dates Employed (month/year) From: _____ To: _____		Position Title
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____		
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:
Duties:		
Reason For Leaving:		

Dates Employed (month/year) From: _____ To: _____		Position Title
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____		
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:
Duties:		
Reason For Leaving:		

Dates Employed (month/year) From: _____ To: _____		Position Title
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____		
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:
Duties:		
Reason For Leaving:		

References: Give the names of three persons not related to you and whom you have known at least one year.

Name	Address	Business	Phone Number

PLEASE READ CAREFULLY AND CHECK THE BOX - I certify that the above statements are correct. I understand that *any* false information (or omissions) in this application, or its supporting documents, will be sufficient grounds for refusal to hire me or for termination without notice. I further understand that Roof Dancers, Inc. has the right to review and investigate my education, previous employment, driving and criminal records and other background data.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

Dates Employed (month/year) From: _____ To: _____		Position Title
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____		
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:
Duties:		
Reason For Leaving:		
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May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:
Duties:		
Reason For Leaving:		
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Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address
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May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:
Duties:		
Reason For Leaving:		
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Reason For Leaving:		