



Samuel C. Boyd, Inc.
Application for Employment

Date: _____

Name: _____

Address: _____

City State Zip Code

Phone #: _____

Home Cell Other

Date of Birth: _____

Social Security #: _____

Roofing and or gutter/downspout experience: Please list below types of roofing and gutter work you have experience performing and number of years experience.

Are you currently employed? Yes No

Have you ever applied to this company before? Yes No

Date you can start: _____

Rate of pay expected: _____



Please list any medical illnesses (present or past) that may prevent you from performing the work you may be hired to perform. If none please state none on the line below.

Please list below your last three employers and reasons for leaving.

1. _____
2. _____
3. _____

Drivers License: _____
State License #

Authorization:

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and pertinent information that may result from utilization of such information. I also authorize permission to request police files to verify that I am free of any criminal charges. This also includes drive records.”

Date _____ Signature _____