



Before completing the attached application for employment, please be aware of the following:

In order to work for Metropolitan Rolling Door, Inc., you must:

1. Have a valid driver's license
2. Be drug free
3. Not be afraid of heights
4. Be dependable
5. Have reliable transportation
6. Be a US Citizen

# METROPOLITAN ROLLING DOOR, INC.

## Application for Employment

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
US Citizen: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

Current Points: \_\_\_\_\_ Previous Points: \_\_\_\_\_ DUI/DWI: \_\_\_\_\_

Can You Drive Clutch: \_\_\_\_\_ Largest Truck You Have Driven: \_\_\_\_\_

Have you ever driven commercial vehicles (over 10,000 lbs.) for employment in the last three years? Yes  No

Accident Record for Past 3 Years or More

Dates	Nature of Accident (Head On, Rear-End, Upset, Etc.)	Fatalities	Injuries
Last Accident:			
Next Previous:			
Next Previous:			

Have you ever been denied a license or been suspended or revoked? Yes  No

If yes explain: \_\_\_\_\_

Name/Location of High School: \_\_\_\_\_

Years Attended: \_\_\_\_\_ Major: \_\_\_\_\_ Did You Graduate: \_\_\_\_\_

Name/Location of College/Trade School: \_\_\_\_\_

Years Attended: \_\_\_\_\_ Major: \_\_\_\_\_ Did You Graduate: \_\_\_\_\_

List Any Special Skills: \_\_\_\_\_

US Military Service: \_\_\_\_\_ Rank: \_\_\_\_\_ Honorable Discharge: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

Former Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_ Last Day: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

Former Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_ Last Day: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

**Personal References (Other Than Past Employer or Relative)**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ Exemptions Claimed: \_\_\_\_\_

Single: \_\_\_\_\_ Married: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_

Do you consume/use any controlled/dangerous substances/illegal drugs: \_\_\_\_\_

Do you consume/use alcoholic beverages: \_\_\_\_\_ Tobacco Products: \_\_\_\_\_

Are you afraid of heights: \_\_\_\_\_ Have you ever been injured: \_\_\_\_\_

Explain: \_\_\_\_\_

Have you been convicted of a felony: \_\_\_\_\_ Explain: \_\_\_\_\_

"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 listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages, be terminated at any time without prior notice and without cause.

I understand and agree that I must take and pass to the satisfaction of Metropolitan Rolling Door, Inc. a drug test and a physical before I can be hired."

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**To Be Completed by Office:**

Interviewed By: \_\_\_\_\_ References Checked: \_\_\_\_\_

Remarks: \_\_\_\_\_

Hired: \_\_\_\_\_ Position: \_\_\_\_\_ Wage: \_\_\_\_\_

Date Reporting to Work: \_\_\_\_\_ Drug Test: \_\_\_\_\_

Physical: \_\_\_\_\_ One Week Field Check By: \_\_\_\_\_

Workers Compensation Check: \_\_\_\_\_