

Lakeside Roofing & Contracting LLC

Membership Application

		Арр	licant	Informatio	n			
Full Name:		Date:						
	Last	Firs	t			M.I.		
Address:								
	Street Address						Apartment/Unit ‡	ŧ
	City			Sta	ate	ZIP Code	County	
Phone:				Email				
Date Available: Social Security No.:			Desired Salary: \$					
Position App	blied for:							
			NO □	YES NO If no, are you authorized to work in the U.S.? \Box				
Have you ever worked for this company?			If yes, when?					
YES NO Have you ever been convicted of a felony?								
lf yes, expla	in:							
		F	Requi	rements				
Able to lift 50 plus pounds			YES 🗌	NO 🗌				
Must be Able to Work at all Heights without Fear			YES 🗌	NO 🗌				
Willing to Work Overtime			YES	NO 🗌				
Must Pass a Drug Screening and Comply with Company Drug Policies (ZERO TOLERANCE) YES NO								
Must Pass Company Back Ground Screening				YES 🗌	NO 🗌			

References

Please list two professional references.					
Full Name:	Relationship:				
Company:	Phone:				
Address:					
Full Name:	Relationship:				
Company:	Phone:				
Address:					

	Previous E	mployme	ent		
Company:				Phone:	
Address:				Supervisor:	
Job Title:	Starting Salary:			Ending Salary: <u>\$</u>	
Responsibilit	ies:				
	То:				
May we cont	act your previous supervisor for a reference?	YES			
Company:				Phone:	
Address:				Supervisor:	
Job Title:	Starting S	alary: <u>\$</u>		Ending Salary: <u>\$</u>	
Responsibilit	ies:				
From:	То:	Reason f	or Leaving:		
May we cont	act your previous supervisor for a reference?	YES			

Previous Addresses				
Previous Address Within the Last Seven Years: (City / State only)				
City:	State:			
City:	_ State:			
City:	State:			

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to Membership, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date: