

**APPLICATION FOR EMPLOYMENT**

**M&M Seamless Gutters, Inc**  
515 Woodside Ave Essexville MI 48732  
Email: [getmmseamless@yahoo.com](mailto:getmmseamless@yahoo.com)

**Application Date:**  
Office: 989-667-2055 Fax: 989-486-8200  
Website: [www.getmmseamless.com](http://www.getmmseamless.com)

**Personal Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Soc. Sec. No \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Date Available: \_\_\_\_\_ Desired Hourly Rate: \$ \_\_\_\_\_

Are you 18 or older? Age? \_\_\_\_\_ Are you a US Citizen? \_\_\_\_\_

Have you ever worked for this company? \_\_\_\_\_ If so, when? \_\_\_\_\_

Do you know anyone who has ever worked or is currently working for this company? \_\_\_\_\_ If so, who? \_\_\_\_\_

Have you ever been convicted of a crime, misdemeanor, felony or any offenses? A yes response does not automatically disqualify your application. If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

If selected for employment, are you willing to take a pre-employment drug screening test?  
\_\_\_\_\_  
\_\_\_\_\_

**Education Information:**

School Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or license held:  
\_\_\_\_\_  
\_\_\_\_\_

Military Service (List dates, ranks, and training):  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Background:**

Have you ever had any health issues or concerns we should know about that would affect your physical capabilities?  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had a work injury?

If yes, please explain:

Have you ever had a workers comp claim?

If yes, please explain:

**Previous Employment:**

Starting with your most recent employer:

Current employer?  Yes  No

Company Name:

Job Title:

Phone Number:

Address:

Supervisor:

Job Duties and Responsibilities:

Pay Rate: \$

From

To

Reason for Leaving:

May we contact your previous employer for references?

Yes  No

Company Name:

Job Title:

Phone Number:

Address:

Supervisor:

Job Duties and Responsibilities:

Pay Rate: \$

From

To

Reason for Leaving:

May we contact your previous employer for references?

Yes  No

Company Name:

Job Title:

Phone Number:

Address:

Supervisor:

Job Duties and Responsibilities:

Pay Rate: \$

From

To

Reason for Leaving:

May we contact your previous employer for references?

Yes  No



**References:**

Name	Title/ Relationship	Company	Phone Number

**Other Information:**

Volunteer Activities (list organization, type of service, dates):

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Hobbies, Interests (What do you do with your free time?):

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**Acknowledgement and Authorization:**

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

I authorize the Company to inquire into my education, past employment history, and references as needed to research my qualifications for this position. I understand a background check will be completed.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for the completion of Form I-9.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate discharge.

I hereby acknowledge that I have read and agree to the above statements.

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**Signature**

**Date**