



Roofing • Siding • Windows • Doors

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APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex religion, disability or national origin.

Date / /

Employment Desired

Position	Date You Can Start	Salary Desired	Type of Employment Full-time <input type="checkbox"/> Summer <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/>
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Are you employed now? YES NO If so may we contact your present employer? YES NO

Have you ever applied to this company before? YES NO Where? When?

Personal Information

Last Name	First Name	Middle Name
Address (number, Street, City, State, Zip Code)		
Social Security Number	Home Telephone Number	Referred By

Education

High School Attended and Location	No. of Years Completed	Did you graduate Yes <input type="checkbox"/> No <input type="checkbox"/>	
College Attended and Location	No. of Years Completed	Did you graduate Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
Trade, Business or Correspondence School Attended and Location	No. of Years Completed	Did you graduate Yes <input type="checkbox"/> No <input type="checkbox"/>	

General

Special Courses or Training

Experience/Skills Related to the Position for Which You Are Applying

Office Applications

Skill/Aptitude	Years of Experience	Software Used

E-166 (1192)

Employment History (list Present or Most Recent Positions First)

Name of Employer		Address (Number, Street, City, State, Zip Code)	
Phone	Type of Business	Department	Your Position
Duties			
Name and Position of Immediate Supervisor			
Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary

Reason for Leaving

Name of Employer		Address (Number, Street, City, State, Zip Code)	
Phone	Type of Business	Department	Your Position
Duties			
Name and Position of Immediate Supervisor			
Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary

Reason for Leaving

Name of Employer		Address (Number, Street, City, State, Zip Code)	
Phone	Type of Business	Department	Your Position
Duties			
Name and Position of Immediate Supervisor			
Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary

Reason for Leaving

State any additional information you feel may be helpful to us in considering your application.

Other Experience

In this section, list any job experience not listed above that most directly relates to the job for which you are now applying.

Name of Employer

Address (Number, Street, City, State, Zip Code)

Phone

Type of Business

Department

Your Position

Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)

Date Left (Day, Month, Year)

Starting Salary

Final Salary

Reason for Leaving

I certify that the information provided is true and correct.

Signature _____

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*PRE-EMPLOYMENT URINALYSIS
CONSENT FORM*

I understand that as required by the Federal Motor Carrier Safety Regulations, Title 49 United States Code of Federal Regulations, Section 391.103, and company policy, all prospective drivers must submit to a controlled substances test.

A urine sample will be collected and tested for use of controlled substances.

I also understand that if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle.

The results of the drug test will be maintained by the Medical Review Officer for the company who will report whether the test results were negative or positive to the motor carrier. The results will not be released to any additional parties without my written authorization.

I hereby agree to submit to a drug screen urinalysis.

Print Applicant's Name

Date

Applicant's Signature

**DISCLOSURE OF AND AUTHORIZATION FOR
EMPLOYMENT USE OF INVESTIGATIVE CONSUMER REPORT**

Please read and sign the following:

Crown C Supply Company, Inc. ("the Company") may obtain an investigative consumer report about me for employment purposes. This report may consist of information about my character, general reputation, personal characteristics and mode of living which may be obtained through personal interviews with neighbors, friends, or associates or with others with whom I am acquainted or who may have knowledge concerning any such items of information. The Company will rely on the results of this check as a factor in determining whether I am qualified or the best candidate for the position.

I authorize the Company to utilize an independent service to conduct a background investigation of me which may include personal interviews with friends, neighbors or associates or any other person who may have knowledge concerning my character, general reputation, personal characteristics or mode of living. I agree that the Company or its service may request information from public and private sources that maintain records concerning my past activities relating to my civil court record, criminal record, driving record, drug test results, educational background, licenses and certifications, military record, and previous employment.

I authorize any parties contacted to release information to the Company or its independent service regarding my past activities relating to my civil court record, criminal record, driving record, drug test results, educational background, licenses and certifications, military record, previous employment, and any other information including, but not limited to information concerning my character, general reputation, personal characteristics or mode of living.

I understand that the Company and its agents cannot guarantee the accuracy of any information reported to it by third parties, and I release the Company and its agents from liability for damages that arise from errors or omissions in my background investigation.

I have been informed and understand that if any adverse action is to be taken based upon any investigative consumer report obtained by the Company or its agent(s), I will be provided a copy of the report and a summary of my rights under the Fair Credit Reporting Act.

I understand that this authorization is valid for any investigative or consumer report requested at any time before or during the tenure of my employment. I understand that I have the right to make a written request within a reasonable period of time for complete and accurate disclosure of information concerning the nature and scope of the investigation and that this disclosure must be provided to me within five (5) days after my request was made or received, whichever is later.

I certify that all of the information I have provided below is true and complete to the best of my knowledge. I understand that if any of the information I have provided is incomplete or inaccurate information, such action may cause the Company to reject my application or to terminate my employment if discovered at a later date.

Name _____ Date _____

Signature _____

Please print the requested information clearly. The following questions are used solely for identification purposes in verifying background information; the answers will not be the basis for an employment decision.

Name _____
Last First MI Maiden

Address _____ City/State _____

County _____ Zip _____

Social Security # _____

Driver's License Number/State _____

Date of Birth _____
month day year