



2007 Texas Ave. El Pas, Texas 79925
 915-926-6099
 pioneer@915pioneer.com

EMPLOYMENT / JOB APPLICATION

PERSONAL INFORMATION

Full Name: _____ Date: _____
First Middle Last

Mailing Address: _____
PO Box/Street City State Zip Code

E-MAIL: _____ Cell Phone: _____

Social Security Number (SSN): _____ - _____ - _____ Date of Birth ____/____/____

Gender: Male Female Place of Birth _____

Marital Status: Married Single Divorced Separated

Emergency Contact Name _____ Phone _____

Address: _____ Relation: _____

EMPLOYMENT ELIGIBILITY

Position Applied For: _____

Date Available: _____ Desired Pay: \$ _____ HOUR SALARY

Employment Desired: FULL-TIME PART-TIME SEASONAL

Are you available to work overtime if required:

Weekdays: Yes _____ No _____ Weekends: Yes _____ No _____

Are you legally eligible to work in the U.S? YES NO*

Have you ever worked for this employer? YES* NO

*If yes, write the start and end dates: _____

Have you ever been convicted of and/or served prison time and/or probation for a felony in the last 10 years? YES* NO

*If yes, please explain: _____

Pioneer Roofing & Construction gets out of town jobs from time to time, are you willing to work out of town? Yes _____ No _____

Permanent Residency #/ Citizenship #/ US Passport #:

 (If born outside of the US, please complete and provide copy when hired)

EDUCATION

| | Name and Location | Graduate? | Degree? | Major/Subject of Study |
|---|-------------------|-----------|---------|------------------------|
| High School | | | | |
| College or University | | | | |
| Specialized Training, Trade School, etc.. | | | | |
| Other Education | | | | |

Are you fluent in English? Yes _____ No _____ Spanish? Yes _____ No _____

Do you have a valid driver's license (s)? Yes ___ No ___

Type ___ DL# _____ State _____ Expiration Date _____

Please list your areas of highest proficiency, especial skills or other items that may contribute to your abilities in performing the above-mentioned positions.

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

Address: _____

Starting Pay: \$ _____ HOUR SALARY Ending Pay: \$ _____ HOUR SALARY

Job Title: _____ Responsibilities: _____

From: _____ To: _____ Phone#: _____

Reason For Leaving: _____

EMPLOYER 2: _____
Company / Individual

Address: _____

Starting Pay: \$ _____ HOUR SALARY Ending Pay: \$ _____ HOUR SALARY

Job Title: _____ Responsibilities: _____

FROM: _____ TO: _____ Phone#: _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____
Company / Individual

Address: _____

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

Job Title: _____ Responsibilities: _____

FROM: _____ TO: _____ Phone#: _____

REASON FOR LEAVING: _____

REFERENCES
(PROFESSIONAL ONLY)

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ **DATE** _____

PRINT NAME _____

JOB RELATED

• Pioneer Roofing & Construction Employees Must Need:

- Roofers' personnel must have:
- Roofing Nail Gun
 - Hundred feet air hose
 - Tool Belt

- Laborers must have:
- Tool Belt
 - Utility Knives

Certification and release: I certify that I have read and understand this application. I authorized to verify any of my statements or information.

Signature _____ Date _____

| | |
|---|----------------------|
| To Be Completed By Employer | |
| Date of Employment _____ | Job Title _____ |
| Location _____ | Rate of Pay \$ _____ |
| Full Time _____ | Part Time _____ |
| Salaried \$ _____ | |
| Name of person authorizing employment _____ | |