

APPLICATION FOR EMPLOYMENT

Application Logged

Mid-West Roofing Company
Overhead Door Company of Mason City
Overhead Door Company of Albert Lea
South Central Roofing Company
Custom SheetMetal Works
Advanced Concept Distribution Inc.
SkyWorks Crane
Overhead Door Company of Olmsted County
(Collectively referred to as "The Companies")

"The Companies" considers applicants for all positions, without regard to race, color, religion, creed, gender, national origin, or any legally protected status.

PLEASE PRINT

POSITION APPLIED FOR _____ DATE OF APPLICATION _____

NAME _____
FIRST MIDDLE LAST

ADDRESS _____
NUMBER STREET CITY STATE ZIP

TELEPHONE _____ SOCIAL SECURITY NUMBER _____

HOW DID YOU HEAR ABOUT US? _____

If you heard about us by a referral, who referred you? _____

ARE YOU AT LEAST 18 YEARS OF AGE? _____ YES _____ NO

DO YOU HAVE A VALID DRIVERS LICENSE? _____ YES _____ NO

HAVE YOU EVER APPLIED HERE BEFORE? _____ YES _____ NO

HAVE YOU EVER BEEN EMPLOYED HERE? _____ YES _____ NO

ARE YOU CURRENTLY EMPLOYED? _____ YES _____ NO

MAY WE CONTACT YOUR PRESENT EMPLOYER? _____ YES _____ NO

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? _____

ARE YOU AVAILABLE TO WORK: FULL TIME _____ PART TIME _____ TEMP _____

ARE YOU CURRENTLY ON "LAY-OFF" STATUS & SUBJECT TO RECALL? _____

CAN YOU TRAVEL IF THE JOB REQUIRES IT? _____ YES _____ NO

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE PAST 7 YEARS? _____ YES _____ NO
(A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT.)

IF YES, PLEASE EXPLAIN _____

EDUCATION: (HIGHEST GRADE COMPLETED) _____

Describe any specialized job related training, apprenticeship and skills you have, including training received in the military.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? ___Yes ___No The activities are listed on the attached job description.

EMPLOYMENT EXPERIENCE:

START WITH YOUR PRESENT OR LAST EMPLOYER. YOU MAY EXCLUDE ORGANIZATIONS WHICH INDICATE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITIES, OR OTHER PROTECTED STATUS.

EMPLOYER _____ DATES EMPLOYED _____
ADDRESS _____ PHONE NUMBER _____
JOB TITLE _____ SUPERVISOR _____
BEGINNING SALARY _____ ENDING SALARY _____
REASON FOR LEAVING _____

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ADDRESS _____ PHONE NUMBER _____
JOB TITLE _____ SUPERVISOR _____
BEGINNING SALARY _____ ENDING SALARY _____
REASON FOR LEAVING _____

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON THE BACK.

REFERENCES:

NAME	ADDRESS	CITY	STATE	ZIP
NAME	ADDRESS	CITY	STATE	ZIP

Smoke Free Air Policy

The Company is in compliance with both Iowa and Minnesota smoke free air legislation. No smoking areas are designated and posted in compliance with the law(s).

Pre-Employment Drug Testing Policy

The Company conducts pre-employment drug testing as part of the application process. Applicants may request a copy of our drug testing policy to further review our standards and types of testing.

Applicants who fail to meet the company's qualifications will be considered ineligible to apply with The Company for a period of one year.

By my signature below, I acknowledge that I have been advised of the **Smoke Free Air Policy** and **Pre-Employment Drug Testing Policy**.

I certify that all information given herein is true and complete to the best of my knowledge.

I authorize investigation as may be necessary in arriving at an employment decision of all statements contained in this application for employment.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by a written document or by conduct unless such change is specifically acknowledged in writing by the president of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview may result in a discharge. I also understand that I am required to abide by all rules and regulations of the employer.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

SIGNATURE OF APPLICANT

DATE

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► _____

Date _____

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 22851L

Form **8850** (Rev. 3-2015)

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****If you are a resident of one of the following counties, please circle the county: ****

Butler Floyd Franklin Hancock Winnebago Worth

For Employer's Use Only

Employer's name _____ Telephone no. _____ EIN ▶ _____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. _____

Street address _____

City or town, state, and ZIP code _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under *Members of Targeted Groups* in the separate instructions), enter that group number (4 or 6) ▶ _____

Date applicant:

Gave information _____ Was offered job _____ Was hired _____ Started job _____

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▶ _____ **Title** _____ **Date** _____

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping** . . . 6 hr., 27 min.
- Learning about the law or the form** 24 min.
- Preparing and sending this form to the SWA** 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/formspubs. Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service
Tax Forms and Publications
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.

PERSONNEL DEPARTMENT USE ONLY

ARRANGE INTERVIEW _____ YES _____ NO

CHECK REFERENCES _____ YES _____ NO

EMPLOYED _____ YES _____ NO

HOURLY RATE _____ DEPARTMENT _____

HIRED BY: _____

NOTES
