



**Seamless  
Gutter  
Supply**

**MAIN OFFICE**  
7500 Lindbergh Drive  
Gaithersburg, MD 20879  
Phone: 301-921-9134  
Fax: 301-963-6859

**BRANCH LOCATIONS**  
**CROFTON**  
Phone: 301-261-3003  
Fax: 410-721-9100  
**MANASSAS**  
Phone: 703-330-3905  
Fax: 703-330-3904

**APPLICATION FOR EMPLOYMENT**  
Seamless Gutter Supply is an equal opportunity employer.  
(PLEASE PRINT CLEARLY)

**PERSONAL**

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Present address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Are you legally eligible for employment in the USA? Yes No State age if under 18 or over 70: \_\_\_\_\_

What method of transportation will you use to get to work? \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per week

Would you work: Full-Time Part-Time If part-time, specify days and hours \_\_\_\_\_

Are you available for: Weekends? Yes No Evenings? Yes No Nights? Yes No

Were you previously employed by us? Yes No If yes, when? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

Are there any other experiences, skills or qualifications which you feel would especially fit you for work with our organization? \_\_\_\_\_

Would you be willing to travel? Yes No

**RECORD OF EDUCATION**

School	Name and Address of School	Course of Study	Check Last Year Completed				Did you graduate?	List Diploma or Degree
			1	2	3	4		
High							Yes	
							No	
College							Yes	
							No	
Other (Specify)							Yes	
							No	

**List below all present and past employment, beginning with most recent**

<b>I</b>	Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo	Yr.	Mo	Yr.					
	Phone:									
<b>II</b>	Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo	Yr.	Mo	Yr.					
	Phone:									
<b>III</b>	Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo	Yr.	Mo	Yr.					
	Phone:									
<b>IV</b>	Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo	Yr.	Mo	Yr.					
	Phone:									

May we contact the employers listed above? Yes No  
 If no, indicate which one(s) you do not wish us to contact \_\_\_\_\_

**PERSONAL REFERENCES**  
 (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

**MILITARY SERVICE RECORD**

Were you in the US Armed Forces? Yes No If yes, what Branch? _____
Dates of duty: From _____ To _____ Rank at discharge _____
List duties in the service including special training _____



**IN CASE OF EMERGENCY WHO SHOULD WE CONTACT?**

(Please list home, cell and work numbers)

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Hospital Reference: \_\_\_\_\_