



# NOORDA

## Building Envelope Contractor

\*\*For official use only.

Interview Date	
Pay Rate	
Orientation Date	
Safety Equipment	
Start Date	
PM / Foreman	

### Application for Employment

"An equal Opportunity Employer"

You may have a copy of this application upon request

Please inform the Human Resources Representative if you require assistance to complete the application process

Last Name		First name		Middle Name	
Primary Phone Number (Cell)			Secondary Phone Number		
Address	Number	Street	City	State	Zip Cod
Previous Address	Number	Street	City	State	Zip Cod
How did you find out about this job opening?					
<input type="checkbox"/> Noorda Employee or Agent Name: _____		<input type="checkbox"/> Advertisement Name: _____		<input type="checkbox"/> Agency or School Placement Service Name: _____	
<input type="checkbox"/> Internet Site Name: _____		<input type="checkbox"/> Other Name: _____			
Position for which you are applying?			Email address		
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract		
Have you reviewed the job description for this position?			What salary range will you accept?		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you previously applied for employment with us?			If "Yes" enter; Month: _____ Year: _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Where you ever previously in our employ?			If "Yes" enter; Month: _____ Year: _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you authorized to work in the U.S.?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you need a work permit to work?			If "Yes", do you possess a valid work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever used another name for school or work?			If "Yes", name(s): _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Complete if applying for a position which will require you to operate your personal vehicle or a company vehicle.</b>					
1) Do you have a valid drivers license? License Number: _____ State _____ Exp. Date _____				5) If you can not or do not obtain a valid driver licence please explain here. _____	
2) Have you been involved in any motor vehicle accident(s) while driving during the past three (3) years?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3) Do you have any restrictions on your driver's license at present?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4) Have you been convicted of any moving violation(s) during the past five years?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If you answered "Yes" to questions 2) through 4), please explain in appropriate detail.</b>					
_____					
_____					

### Educational Background

School	Name and location of Institution	Major	Did you Graduate?				Degree or Credits Received
			9	10	11	12	
High School			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
College/University			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vocation or Business School			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Studies (specify)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Work Background</b>		List below all current and/or former employers, beginning with the most recent, Account for all periods between jobs. Attach a separate sheet if necessary.	
<b>Resumes will not substitute for completing this section</b>			
<b>Most Recent Or Current Job Titles:</b>		Date Employed - Month and Year	
Employer:	Type of Business:	From:	To:
Address:		Monthly Salary *	
Name and Title of Immediate Supervisor:		Start:	End:
Description of Duties:		No. of people you supervised;	
Reason for Leaving:		Supervisor's phone number:	
Account for periods between jobs:		May we contact your supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Previous Job Title:</b>		Date Employed - Month and Year	
Employer:	Type of Business:	From:	To:
Address:		Monthly Salary *	
Name and Title of Immediate Supervisor:		Start:	End:
Description of Duties		No. of people you supervised;	
Reason for Leaving:		Supervisor's phone number:	
Account for periods between jobs:			
Employer:	Type of Business:	From:	To:
Address:		Monthly Salary *	
Name and Title of Immediate Supervisor:		Start:	End:
Description of Duties		No. of people you supervised;	
Reason for Leaving:		Supervisor's phone number:	
Account for periods between jobs:			
Have you been previously employed in the Roofing and/or Sheet Metal field of business?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

\*If you are offered employment with Noorda Architectural Metals, you may be required to provide documentation to verify your current compensation as a condition of employment. All employment offers are contingent on providing this information, if requested.

**ROOFING/METAL EXPERIENCE**

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On what date would you be available to work?	Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you be away from home overnight if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there days or hours you cannot work? If "Yes", Please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If offered a position, are you willing to take a physical examination? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been a member of the United States Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Rank Attained:	List any special skills acquired while in the military:
Are you willing to work in a smoke-free environment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of any criminal offense, other than minor traffic violations? If "Yes", give details, including when, where and disposition of charge. (Such as a conviction will not necessarily disqualify you for the position for which you are applying.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Some of our positions require a pre-employment written test. Are you willing to take the test(s) if applicable? Please inform us of any special accommodations you will need in order to take the test(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>NOORDA ARCHITECTURAL CONSIDERS APPLICANTS FOR POSITIONS WITHOUT REGARD TO RACE, RELIGIOUS CREED, COLOR, SEX, NATIONAL ORIGIN, ANCESTRY, AGE, DISABILITY OR OTHER BASES PROTECTED BY LAW.</b>		

We will hire only those individuals who have a legal right to work in the United States. If you are offered employment with us, you will be required to provide us with acceptable proof of your right to work and attest to this under penalty of perjury.

\_\_\_\_\_ *initial*

If employed, I agree to abide by the Company's policies and procedures. Furthermore, I understand that this is not a contract of employment, that I will not be employed for any specific period of time and that I may resign at any time, and that the Company may terminate my employment at any time, with or without cause and with or without notice and that any assurance of continued employment whether written, oral or by conduct, shall not be interpreted as changing the "at will" nature of my employment relationship with Noorda Architectural Metals unless specifically in writing by a representative of Human Resources.

\_\_\_\_\_ *initial*

Signature of Applicant

Date

#### Application Flow Data

In compliance with the Uniform Guidelines on Employee Selection Procedures administered by the Equal Employment Opportunity Commission, Noorda Architectural Metals is required to collect data on the sex and ethnic background of all applicants. The completion of this form is not mandatory, but we request that you voluntarily answer the questions on this form. The data will be used to monitor applicant flow only and will be kept in a confidential file separate from your application for employment.

*This information will not be used in any way to determine whether or not you are selected for employment*

Please check ONE (1) description under each category which best describes you:

Sex;  Male  Female

Race:  White  Hispanic or Latino  
 Black or African American  Native Hawaiian or other Pacific Islander  
 Asian  Two or more Races (not Hispanic or Latino)  
 American Indian or Alaska Native

#### To be Completed by the Human Resources Department

Position Title \_\_\_\_\_ Job Number \_\_\_\_\_

Request for employee number \_\_\_\_\_

Form Completed by applicant?  Yes  No If "No", who completed form?

Name \_\_\_\_\_

Title \_\_\_\_\_

Ask for a ruler at the front desk to demonstrate your measuring skills.

Starting on the vertical line and draw a horizontal line representing the distance of the measurement listed.

2 1/2

|

3 3/8

|

4 11/16

|

5 7/32

|

6 16/32

|

Measure the distance between the vertical lines below, and write the distance / dimension on the horizontal line.

\_\_\_\_\_

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