

JOIN OUR TEAM



Full-time positions available for Low-Slope Roofing
and Carpentry

Competitive pay

On-the-job training

Excellent benefits package

IRA with company match, paid vacation,
and paid health insurance

Download an Application at TimmConstruction.com or call 989.356.4514
3336 Piper Road, Alpena, MI

Celebrating 73 years in Construction



P.O. Box 307, 3336 Piper Road, Alpena, MI 49707
TimmConstruction.com

Application for Employment

Candidate's Name: _____ Date: _____

Address: _____

Phone Number: _____

Are you 18 years of age or older?
 Yes No

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

Do you have your own transportation such that you own or lease a vehicle and don't rely on others to get to or from work?
 Yes No

Are you either a U.S. citizen or an alien authorized to work in the U.S.?
 Yes No

Position Desired

Position (roofer, carpenter, etc): _____ Start date available: _____

Wage desired: _____/hour

How did you learn about this job opening? _____

Education

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Post-Graduate Education:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, training or special skills:		



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Skills

Are you experienced in using personal computers? Yes No

Are you able to use programs such as Microsoft Word or Excel? What other programs are you capable of using?

Do you have any construction experience? ? Yes No

- Rough Carpentry Yes No Years of experience: _____
- Finish Carpentry Yes No Years of experience: _____
- Roofing Yes No Years of experience: _____
- Other types: _____

Work Experience

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.			
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	



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References

Identify three persons who know your work, beginning with the most recent.

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

Candidate's Signature

Date