



**Distributors Since 1875**

**Roofing \* Siding \* Windows**

## Employment Application

Mueller Distributors, Inc.  
327 E. Wyoming Avenue  
Cincinnati, OH 45215  
**Phone Number:** 513.679.8540  
**Fax:** 513.672.1640

**Locations:**

Cincinnati, Colerain, Columbus, Dayton, & Fairborn, OH;  
Northern Kentucky, Lexington, & Louisville, KY

*Mueller is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Mueller is an at-will employer. Mueller is a drug-free workplace.*

**Personal Information**

Name			Today's Date	
Street		City		
State	Zip			
Home Phone	Business Phone	Are you 18 years or older?		( ) Yes ( ) No
			Referred By	
			Branch/Division Applying For:	
			Position Applying For:	

**Employment Requests**

Are there any hours or days of the week you cannot work? If yes, when?			
( ) Yes ( ) No			
Employment sought?	Are you currently employed?	May we contact current employer?	Salary or wage desired?
( ) Full-time ( ) Part-time	( ) Yes ( ) No	( ) Yes ( ) No	
Are you lawfully entitled to be employed in the United States?		Have you ever been employed by this company before? If yes, when?	
( ) Yes ( ) No		( ) Yes ( ) No	

**Education**

Name and Location	Years Attended	Did you graduate?	Curriculum	
High School		( ) Yes ( ) No		
College		( ) Yes ( ) No	Degree	Major
Specialized Training		( ) Yes ( ) No		

**Special Skills and Training** (That may qualify you to work for one of our branches - please be specific)

Do you have a valid drivers license?		State:	
( ) Yes ( ) No If Yes, ID#:			
Do you have a valid CDL?		State:	Class:
( ) Yes ( ) No If Yes, ID#:		(A)	(B)

**Employment History: (Start with most recent) (CDL holders must provide a 10 year history, attach sheets if required)**

From	To	Employer Name	City/State	Phone:
Job Title		Duties Performed		
Supervisor's Name		Reason for Leaving	May we contact employer? ( ) Yes ( ) No	
From	To	Employer Name	City/State	Phone:
Job Title		Duties Performed		
Supervisor's Name		Reason for Leaving	May we contact employer? ( ) Yes ( ) No	
From	To	Employer Name	City/State	Phone:
Job Title		Duties Performed		
Supervisor's Name		Reason for Leaving	May we contact employer? ( ) Yes ( ) No	
From	To	Employer Name	City/State	Phone:
Job Title		Duties Performed		
Supervisor's Name		Reason for Leaving	May we contact employer? ( ) Yes ( ) No	
From	To	Employer Name	City/State	Phone:
Job Title		Duties Performed		
Supervisor's Name		Reason for Leaving	May we contact employer? ( ) Yes ( ) No	

**References**

Name	Phone Number	Relationship	Years Acquainted



**Please read the following statements carefully before signing to indicate your understanding:**

I hereby give Mueller Roofing Distributors, Inc. the right to make a thorough investigation of my past employment, education, and activities, and to perform chemical testing for the use of illegal and controlled substances, and I release from all liability all persons, companies, and corporations supplying such information. I indemnify Mueller Roofing Distributors, Inc. and all persons and organizations against any liability which may result from making such investigation. I understand that any false answer to statements or implications made by me in this application or other required documents may, at the discretion of Mueller Roofing Distributors, Inc. result in denial of employment or termination of employment.

I understand that nothing contained in this employment application or in the granting of any interview is intended to create an employment contract between Mueller Roofing Distributors, Inc. and me for either continued employment or for the providing of any benefit. No promises of employment have been made to me. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice.

I understand that, prior to being offered employment, I may be requested to take an employment examination(s). In the event that I have a disability that will affect my ability to take the test, I will so inform the Company prior to the administration of the test(s) so that a reasonable accommodation can be made. Mueller Roofing Distributors, Inc. reserves the right to require medical documentation regarding the need for accommodation.

I authorize investigation of all statements contained in this application for any employment related purpose. I release all references and former employers set forth on my employment application or resume to provide Mueller Roofing Distributors, Inc. with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to Mueller Roofing Distributors, Inc. I hereby expressly authorize Mueller Roofing Distributors, Inc. to request, receive, and use this information and I knowingly and voluntarily release and hold harmless Mueller Roofing and Building Products or any employee or agent of it, from and against any and all claims of any kind whatsoever that may have because of the request, receipt, or use of such information.

In the event of employment, I understand that I am required to abide by all rules and regulations of the company.

A copy of these authorizations and releases shall have the same force and effect as the original.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date of Signature