



DAN FAITH
CONSTRUCTION
RESIDENTIAL & COMMERCIAL

420 Youngstown Warren Rd.

Niles, OH 44446

P: 330-502-7517

F: 330-652-4153

office@faithconstruction.com

Subcontractor Application

*Please print your answers legibly.

Date: __/__/__

Section 1 - General Information

- ❖ Legal Business Name _____
- ❖ Address _____
- ❖ Contact Name _____
- ❖ Phone Number ____ - ____ - ____
- ❖ Fax Number ____ - ____ - ____
- ❖ Email Address _____
- ❖ Federal (Tax ID) Number _____
- ❖ Have you ever worked for Dan Faith Construction? **Circle - Y/N**
- ❖ Year Business Started _____
- ❖ Number of Crews _____ Number of Employees _____
- ❖ How far are you willing to travel from Dan Faith Construction's office in Niles, OH for projects? _____
- ❖ Have you or any other Principal of the company or any other company that you/they have been a Principal in been sued/filed bankruptcy? **Circle - Y/N**
- ❖ Have you or any corporate officers ever been convicted of, or plead guilty to or nolo contendere, or no contest to a felony or misdemeanor? This would not include minor traffic violations or a case that has been expunged, sealed, or dismissed. NOTE: A conviction will not necessarily disqualify an applicant from becoming a subcontractor for Dan Faith Construction. Factors such as age and date of the offense, the seriousness of the violation and rehabilitation will be considered. **Circle - Y/N**
- ❖ IF YOU ANSWERED YES TO EITHER OF THE 2 QUESTIONS ABOVE, EXPLAIN IN DETAIL AND ATTACH TO THIS APPLICATION.
- ❖ **A CERTIFICATE OF LIABILITY INSURANCE MUST BE ATTACHED TO THIS APPLICATION OR PROVIDED TO US BEFORE BEGINNING A JOB.**
- ❖ **A COPY OF OHIO'S WORKERS COMPENSATION CERTIFICATE MUST BE ATTACHED TO THIS APPLICATION OR PROVIDED TO US BEFORE BEGINNING A JOB.**



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Section 2 - Business Classification

- Minority Business Enterprise (MBE): **Circle - Y/N**
- Historically Underutilized Business (HUB zones): **Circle - Y/N**
- Women-Owned Business Enterprise: **Circle - Y/N**
- 8(a) Certified: **Circle - Y/N**
- Small Disadvantaged Business (SOB): **Circle - Y/N**
- Veteran Owned VBE: **Circle - Y/N**
- Service Disabled Veteran Owned (SDVBE): **Circle - Y/N**
- Disability-Owned Business Enterprise (DOBE): **Circle - Y/N**

Section 3 - Company Expertise

Please mark the trades you specialize in, and how long you have been doing them.

- _____ Roofing - Shingles – How long? _____
- _____ Roofing - Metal – How long? _____
- _____ Roofing - Flat / EPDM – How long? _____
- _____ Skylight Installation – How long? _____
- _____ Siding - Vinyl – How long? _____
- _____ Siding - Board and Batten – How long? _____
- _____ Siding - Shake – How long? _____
- _____ Gutters and Downspouts – How long? _____
- _____ Electrical – How long? _____
- _____ Masonry – How long? _____
- _____ Concrete – How long? _____

Please list your experience with interior projects. What are you able to do? Paint, drywall, trim, flooring installation, carpet installation, etc.



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If there is any other information we need, please provide that here:

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

Name:

Signature:

Date: