



Employment Application

Today's Date: _____ Driver's License Number: _____

Name: _____
Last First Middle

Present Address: _____
Street City State Zip Code

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

Are you 18 or older? YES NO

Are you legally authorized to work in the United States? YES NO

Proof of eligibility documentation must be provided at time of hire as required by law

EMPLOYMENT DESIRED

Position Applying For: _____

Do you want to work: Full Time Part Time Temporary

Specify days and hours available, if part time: _____

Date available to start work: _____ Salary expectation: _____

Have you applied for employment with this company within the last 12 months? YES NO

Have you every worked with us before? YES NO

If so, please provide your name of record at that time, job title, and dates of employment:

PLEASE CHECK THE APPROPRIATE BOXES TO INDICATE YOUR EXPERIENCE IN EACH AREA LISTED BELOW

| | | | | | | |
|----------------------------|--------------------------|---------------|--------------------------|-----------------|--------------------------|------------------|
| SHINGLES | <input type="checkbox"/> | No Experience | <input type="checkbox"/> | Some Experience | <input type="checkbox"/> | Very Experienced |
| UNDERLAYMENT | <input type="checkbox"/> | No Experience | <input type="checkbox"/> | Some Experience | <input type="checkbox"/> | Very Experienced |
| TEAR OFF | <input type="checkbox"/> | No Experience | <input type="checkbox"/> | Some Experience | <input type="checkbox"/> | Very Experienced |
| COUNTER FLASHING CHIMNEY'S | <input type="checkbox"/> | No Experience | <input type="checkbox"/> | Some Experience | <input type="checkbox"/> | Very Experienced |
| BUILDING SADDLE'S | <input type="checkbox"/> | No Experience | <input type="checkbox"/> | Some Experience | <input type="checkbox"/> | Very Experienced |
| SIDING | <input type="checkbox"/> | No Experience | <input type="checkbox"/> | Some Experience | <input type="checkbox"/> | Very Experienced |
| SOFFIT | <input type="checkbox"/> | No Experience | <input type="checkbox"/> | Some Experience | <input type="checkbox"/> | Very Experienced |
| FASCIA | <input type="checkbox"/> | No Experience | <input type="checkbox"/> | Some Experience | <input type="checkbox"/> | Very Experienced |
| GUTTERS | <input type="checkbox"/> | No Experience | <input type="checkbox"/> | Some Experience | <input type="checkbox"/> | Very Experienced |
| GUTTER GUARDS/HELMETS | <input type="checkbox"/> | No Experience | <input type="checkbox"/> | Some Experience | <input type="checkbox"/> | Very Experienced |
| METAL TRIM WORK | <input type="checkbox"/> | No Experience | <input type="checkbox"/> | Some Experience | <input type="checkbox"/> | Very Experienced |
| WINDOWS | <input type="checkbox"/> | No Experience | <input type="checkbox"/> | Some Experience | <input type="checkbox"/> | Very Experienced |
| FLAT ROOFING | <input type="checkbox"/> | No Experience | <input type="checkbox"/> | Some Experience | <input type="checkbox"/> | Very Experienced |
| EPDM RUBBER | <input type="checkbox"/> | No Experience | <input type="checkbox"/> | Some Experience | <input type="checkbox"/> | Very Experienced |
| TORCH ON SYSTEMS | <input type="checkbox"/> | No Experience | <input type="checkbox"/> | Some Experience | <input type="checkbox"/> | Very Experienced |
| TPO SYSTEMS | <input type="checkbox"/> | No Experience | <input type="checkbox"/> | Some Experience | <input type="checkbox"/> | Very Experienced |
| PVC | <input type="checkbox"/> | No Experience | <input type="checkbox"/> | Some Experience | <input type="checkbox"/> | Very Experienced |
| DURALAST | <input type="checkbox"/> | No Experience | <input type="checkbox"/> | Some Experience | <input type="checkbox"/> | Very Experienced |
| TILE ROOFING | <input type="checkbox"/> | No Experience | <input type="checkbox"/> | Some Experience | <input type="checkbox"/> | Very Experienced |
| SHAKES | <input type="checkbox"/> | No Experience | <input type="checkbox"/> | Some Experience | <input type="checkbox"/> | Very Experienced |
| LOADING ROOF | <input type="checkbox"/> | No Experience | <input type="checkbox"/> | Some Experience | <input type="checkbox"/> | Very Experienced |
| PACKING HOT | <input type="checkbox"/> | No Experience | <input type="checkbox"/> | Some Experience | <input type="checkbox"/> | Very Experienced |
| SPREADING GRAVEL | <input type="checkbox"/> | No Experience | <input type="checkbox"/> | Some Experience | <input type="checkbox"/> | Very Experienced |
| SET ROLLS | <input type="checkbox"/> | No Experience | <input type="checkbox"/> | Some Experience | <input type="checkbox"/> | Very Experienced |
| ROOF INSULATION | <input type="checkbox"/> | No Experience | <input type="checkbox"/> | Some Experience | <input type="checkbox"/> | Very Experienced |
| BUILD-UP FLASHING | <input type="checkbox"/> | No Experience | <input type="checkbox"/> | Some Experience | <input type="checkbox"/> | Very Experienced |
| SET ROLLS | <input type="checkbox"/> | No Experience | <input type="checkbox"/> | Some Experience | <input type="checkbox"/> | Very Experienced |
| TEND KETTLE & TANKER | <input type="checkbox"/> | No Experience | <input type="checkbox"/> | Some Experience | <input type="checkbox"/> | Very Experienced |
| MOP | <input type="checkbox"/> | No Experience | <input type="checkbox"/> | Some Experience | <input type="checkbox"/> | Very Experienced |
| ROOF DECKING | <input type="checkbox"/> | No Experience | <input type="checkbox"/> | Some Experience | <input type="checkbox"/> | Very Experienced |
| SAFETY TRAINING | <input type="checkbox"/> | No Experience | <input type="checkbox"/> | Some Experience | <input type="checkbox"/> | Very Experienced |

EMPLOYMENT HISTORY

(Please start with your present or most recent position)

Name of Employer: _____ Address: _____

Telephone Number: (_____) _____ Position: _____

Name and Title of Supervisor: _____

Dates Employed: FROM: _____ TO: _____

Reason For Leaving: _____

May We Contact This Employer?: YES NO

Brief Description of Your Work and Responsibilities: _____

Name of Employer: _____ Address: _____

Telephone Number: (_____) _____ Position: _____

Name and Title of Supervisor: _____

Dates Employed: FROM: _____ TO: _____

Reason For Leaving: _____

May We Contact This Employer?: YES NO

Brief Description of Your Work and Responsibilities: _____

Name of Employer: _____ Address: _____

Telephone Number: (_____) _____ Position: _____

Name and Title of Supervisor: _____

Dates Employed: FROM: _____ TO: _____

Reason For Leaving: _____

May We Contact This Employer?: YES NO

Brief Description of Your Work and Responsibilities: _____

Name of Employer: _____ Address: _____

Telephone Number: (_____) _____ Position: _____

Name and Title of Supervisor: _____

Dates Employed: FROM: _____ TO: _____

Reason For Leaving: _____

May We Contact This Employer?: YES NO

Brief Description of Your Work and Responsibilities: _____

EDUCATION

List education if it is related to the job that you are applying for.

HIGH SCHOOL

School Name and Location: _____ Did you Graduate? YES NO

Number of Years Completed: _____ Diploma / Degree / Certificate: _____

COLLEGE

School Name and Location: _____ Did you Graduate? YES NO

Number of Years Completed: _____ Diploma / Degree / Certificate: _____

TECHNICAL SCHOOL

School Name and Location: _____ Did you Graduate? YES NO

Number of Years Completed: _____ Diploma / Degree / Certificate: _____

GRADUATE SCHOOL

School Name and Location: _____ Did you Graduate? YES NO

Number of Years Completed: _____ Diploma / Degree / Certificate: _____

SPECIAL SKILLS / ADDITIONAL TRAINING

Please describe any special job-related skills and qualifications acquired from employment, other education or volunteer experiences, etc. Do not include experiences which would indicate race, color, creed, religion, gender, sexual orientation, national origin, marital status, Vietnam-era veteran status special disabled veteran status, status with regard to public assistance, membership or activity in a local mission, disability or age.

Will you be able to perform the essential functions of your job without reasonable accommodation?

Has your employment with any employer ever been involuntarily terminated?

If yes, please identify the employer, date of termination, and reason for termination:

REFERENCES

Please provide the names of three business references who are not related to you. If you do not have any employment-related references, please list individuals who can comment on your work skills.

Name of Reference: _____ Phone Number: (____) _____

Address: _____

Years Known: _____ Relation to Applicant: _____

Name of Reference: _____ Phone Number: (____) _____

Address: _____

Years Known: _____ Relation to Applicant: _____

Name of Reference: _____ Phone Number: (____) _____

Address: _____

Years Known: _____ Relation to Applicant: _____

SIGNATURE

APPLICANT: Please read the following carefully before signing this application.

- I certify the information given by me is true in all respects.
- I understand that the misrepresentation or omission of facts on this application, on my resume or during any stage of the hiring process will eliminate my from further consideration. If omissions or falsehoods are discovered after hire, may result in the termination of my employment.
- I understand that the information contained in this employment application or my being invited to participate in any stage of the hiring process is NOT intended to create an employment contract between this company and myself. If an employment relationship is established, I understand that this company, and I, both have the right to terminate my employment at any time, for any reason or no reason, with or without notice. This company's policies and procedures, including employment, are at-will, and cannot be modified in any way without express written intent to do so by the president of this organization.
- I understand that an offer of employment is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.
- Unless otherwise noted above, I authorize this company and its representatives to contact my prior employers, former supervisors and company personnel, schools and all others for the purpose of verifying the information I have supplied during the selection process an for obtaining job-related information regarding my knowledge, skills, abilities, performance of duties, and compliance with policies.
- I authorize my prior employers to provide this company any job-related information, personal or otherwise, they may have regarding me, and I release this company and them from any liability resulting from the release of this information. I further authorize all employers, schools and other persons to provide any information or transcript that be requested by this company, which will be used to determine if I am qualified to perform the job duties for which I am applying.
- I understand that all company property must be returned, and any indebtedness to the company must be paid on or before my last day of work. I authorize the company to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.
- By signing below, I acknowledge that I have read, understand, and agree with the above statements.

Signature of Applicant: _____

Date: _____