

Applicant Information

Full Name: _____ Date: _____
Last First M. I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Cell Phone: _____ Emergency Contact: _____
Home Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Date of Birth: _____

Experience Check all that apply

Position Applied for: _____ Pay Expected: _____

- | | | | |
|--|------------------|--|------------------|
| <input type="radio"/> Built up Roof | # of Years _____ | <input type="radio"/> EPDM Roof | # of Years _____ |
| <input type="radio"/> Modified/Torch | # of Years _____ | <input type="radio"/> PVC Roof System | # of Years _____ |
| <input type="radio"/> Shingle | # of Years _____ | <input type="radio"/> Seal-o-flex System | # of Years _____ |
| <input type="radio"/> Tile/Mech Fastened | # of Years _____ | <input type="radio"/> Metal Roof System | # of Years _____ |
| <input type="radio"/> Tile/Pan Cap | # of Years _____ | <input type="radio"/> Woodwork | # of Years _____ |
| <input type="radio"/> Tile/Mortar Set | # of Years _____ | <input type="radio"/> Welding/Soldering | # of Years _____ |

What is the highest level of education you have completed?
 GED High school Diploma Some College Associate Degree Bachelor Degree

List any additional experiences, skills and qualifications which you believe relate to the job for which you are applying:

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Applicants must be presently authorized to work in the United States on a full-time basis. We do not sponsor individuals for the purpose of obtaining H-1B status or any other non-immigrant or immigrant status of via. Proof of authorization to work will be required if you are employed by us.

Have you ever worked for this company? YES NO If yes, when? _____

List any friends or family that works for us: _____
Are you able to travel? YES NO

Do you have a valid driver's license? YES NO DL# & state of issue _____

Do you have a CDL? YES NO Number of years CDL driving experience: _____

Can you perform the essential functions of the position for which you are applying for with or without reasonable accommodation?

If you have questions as to the essential functions of a specific role, please ask interviewer before answering YES NO

Are you subject to any employment agreement or post-employment agreement with any other entity (including but not limited to a collective bargaining agreement with a Union)?

YES NO
 If yes identify nature of agreement and anyone we need to contact regarding your employment with us:

References Please list two work-related references, which you have known at least 1 year:

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment List your last two employers, beginning with your most recent:

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

I certify that the facts set forth in this application are true, correct and complete without misrepresentations or omissions of any kind whatsoever. I authorize investigation of the statements I have made herein. I hereby release from any and all liability all representatives of the Company for their acts performed in connection with evaluating my application, background, credentials and qualifications. I hereby further authorize any party (including the companies, schools and organizations listed in this application form) to release any information they may have about me to the Company from any and all liability for any damage for giving this information. I understand that if any of the information on this application form is discovered to be incorrect, false or misleading or if there are any misrepresentations or omissions of any kind whatsoever; then the Company may deny me employment or terminate my employment, and I agree the Company shall not be liable in any respect if it does so. I also understand that my employment at the Company is contingent upon the satisfactory completion of a medical examination which will include a drug screen and an investigation of my work record and references. I consent to a pre-employment medical examination and such future examinations as may be required by the Company, which may include drug screens as required. I understand that if I am employed by the Company, and any such employment is not binding on either party for any specific period of time. I further understand that no representative of the Company, other than the President, has authority to enter into any agreement for employment for a specified period of time. Any such agreement must be in writing and signed by the President. I understand that any other written or oral statement to the contrary, even if made by my supervisor, manager or officer of the Company is invalid and should not be relied on by me. I understand that if employed I will be an employee at will and that either the Company or I may terminate that employment relationship at any time, for any reason, with or without notice.

Signature: _____ Date: _____