

# Employment Application:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

## **EXPERIENCE** Check all that apply:

<u>Type of Experience</u>	<u># Years</u>	<u>Type</u>	<u># Years</u>
<input type="checkbox"/> Built-up Roof	_____	<input type="checkbox"/> EPDM Roof System	_____
<input type="checkbox"/> Modified/Torch	_____	<input type="checkbox"/> Foam Roof System	_____
<input type="checkbox"/> Shingle	_____	<input type="checkbox"/> PVC Roof System	_____
<input type="checkbox"/> Tile/Mech. Fastened	_____	<input type="checkbox"/> Seal-o-flex System	_____
<input type="checkbox"/> Tile/Pan & Cap	_____	<input type="checkbox"/> Metal Roof System	_____
<input type="checkbox"/> Tile/Mortar Set	_____	<input type="checkbox"/> Woodwork	_____
<input type="checkbox"/> Welding/Soldering	_____	<input type="checkbox"/> TPO	_____

1] List any experiences, skills and qualifications which you believe relate to the job(s) for which you are applying:

\_\_\_\_\_

2] Do you currently hold a valid driver's license?  Yes  No

3] Do you currently have a valid CDL?  Yes  No

If yes, years of CDL driving experience: \_\_\_\_\_ CDL #: \_\_\_\_\_ CDL Exp. Date: \_\_\_\_\_

4] Are you under 18?  Yes  No If yes, date of birth: \_\_\_\_\_

5] If previously employed by us, when and where: \_\_\_\_\_

6] Position(s) applying for: \_\_\_\_\_ 7] Date available for work: \_\_\_\_\_

8] How did you learn about job (check one)?  Newspaper ad  Company website  Online posting  Friend  Union  
 Employment Agency  Employee: \_\_\_\_\_  Other: \_\_\_\_\_

9] Applying for:  Full-time  Part-time  Temporary

10] Are you able to travel?  Yes  No

11] Are you subject to any employment agreement or post-employment agreement with any other entity?  Yes  No

If yes, identify the nature of the agreement and anyone we need to contact regarding your employment with us:

\_\_\_\_\_

12] Are you presently authorized to work in the United States?  Yes  No

13] Will you now or in the future require employer sponsorship in order to begin or continue working legally in the United States? Yes  No

*In compliance with the Immigration Reform and Control Act of 1986, it is the Company's policy to hire and employ only workers authorized to work in the United States. All offers of employment are therefore contingent upon an applicant's ability to properly complete a Form I-9, Employment Eligibility Verification Form within three (3) business days of his/her first day of work with the Company.*

**WORK HISTORY:** List previous employers, including military history, beginning with your most recent (use reverse side or additional sheet for additional employers).

Name and address: \_\_\_\_\_

Phone: \_\_\_\_\_ Beginning date: \_\_\_\_\_ Ending date: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Describe the work you did: \_\_\_\_\_

Supervisor: \_\_\_\_\_

If this is your current employer, may we contact for a reference?  Yes  No Telephone #: \_\_\_\_\_

Name and address: \_\_\_\_\_

Phone: \_\_\_\_\_ Beginning date: \_\_\_\_\_ Ending date: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Describe the work you did: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name and address: \_\_\_\_\_

Phone: \_\_\_\_\_ Beginning date: \_\_\_\_\_ Ending date: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Describe the work you did: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**REFERENCES** List two work-related references, including in military services, whom you have known at least one year:

Name, phone, address and business:

1] \_\_\_\_\_

2] \_\_\_\_\_

3] \_\_\_\_\_

**READ, UNDERSTAND, SIGN AND DATE IF YOU AGREE**

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 evaluation by 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, including all of my personnel records with prior employers. I also release all persons, companies, schools and organizations (and all persons connected with them) who provide such information 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 that 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, post-offer 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, 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 any authority to enter into any agreement for employment for any 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 a 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.

**SPECIAL WAIVER OF STATUTE OF LIMITATIONS:**

I further agree that, in consideration of the Company's review of my application, any claim or lawsuit relating to my application to or service with the Company or any of its parents, subsidiaries or affiliates must be filed no more than six (6) months after the date of the employment action that is the subject of the claim of lawsuit (including, but not limited to, claims alleging violation of civil rights, breach of contract or tort). While I understand that the statute of limitations for claims arising out of an employment action may be longer than 6 months, I agree to be bound by 6 month period of limitations and **I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY**. The foregoing waiver of the statutes of limitations of employment-related claims does not apply in states in which the law prohibits contractual statutes of limitation. Further, if an employment-related claim has a statute of limitations shorter than 6 months, the shorter statute of limitations will apply.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The Company is committed to the principle of equal employment opportunity. Thus, the Company will recruit, train, hire, transfer, promote, compensate, and make all employment-related decisions without regard to an individual's age, race, color, religion, disability, sex, sexual orientation, national origin, genetic information, status as a recently separated veteran, disabled veteran, armed forces service medal veteran, other protected veteran, or other legally protected status as required by law.*