ROOFMASTERS ROOFING & SHEET METAL CO., INC.

Employment Application

Roofmasters Roofing & Sheet Metal Co., Inc. is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position.

APPLICANT INFORMATION													
Last Name				First		M.I.	Date						
Street Address	5	Apartment/Unit #											
City						State					ZIP		
Phone				E-mail Address									
Date Available				Desired Wage									
Position Applied for													
Are you able/willing to travel? YES			YES	NO									
Are you authorized to work in the U.S.? YES				YES	NO 🗌								
Have you ever worked for this company? YES				YES	NO		If so, v	hen?					
Do you have a valid driver's license?				YES 🗌	NO	NO If yes, what class?							
How did you learn about this employment opportunity?				as Jobs Works	Employee Referral			□ Other :					
			□ Nex-Te	ch	(Employee Name)								
EDUCATIO	N												
High School	School			Ado	dress								
Did you gradu	ate?	YES	NO 🗌	Degree									
College					Ado	dress							
Did you gradu	ate?	YES 🗌	NO 🗌	Degree									
Other					Ado	dress							
Did you gradu	ate?	YES 🗌	NO 🗌	Degree									
											LLS, ETC., RE ENCY (BASIC		

TOOLS & MACHINE OPERATION: PLEASE LIST ALL TOOLS AND MACHINCES YOU ARE KNOWLEDGABLE AT OPOPERATING. INCLUDE ANY CERTIFICATIONS YOU MIGHT HAVE OBTAINED IN THE PAST.								
PREVIOUS EMPLOYMENT								
Company	Phone ()							
Address	Supervisor							
Job Title Starting Wage	\$ Ending Wage \$							
Responsibilities								
From To Reason for Leaving								
May we contact your previous supervisor for a reference? YES	NO 🗌							
Company	Phone ()							
Address	Supervisor							
Job Title Starting Wage	\$ Ending Wage \$							
Responsibilities								
From To Reason for Leaving								
May we contact your previous supervisor for a reference? YES	NO 🗌							
Company	Phone ()							
Address	Supervisor							
Job Title Starting Wage	\$ Ending Wage \$							
Responsibilities								
From To Reason for Leaving								
May we contact your previous supervisor for a reference? YES \Box	NO 🗌							
REFERENCES								
Please list three professional references. DO NOT INCLUDE FAMILY MEM	IBERS OR FRIENDS.							
Full Name	Relationship							
Company	Phone ()							
Address								
Full Name	Relationship							
Company	Phone ()							
Address								

Full Name							
Full Name		Relation	Relationship				
Company		Phone	()			
Address							

DISCLAIMER AND SIGNATURE

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Roofmasters Roofing & Sheet Metal Co., Inc. to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment. I understand that staff employees of Roofmasters Roofing & Sheet Metal Co., Inc. serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Signature

Date