



Please answer all questions. An incomplete application cannot be considered. Use legible writing.

APPLICANT INFORMATION

Full Name _____
Last First Middle

Address _____
Street Address Apartment/Unit Number

_____ *City State Zip*

Phone _____ E-mail Address _____
Circle One: Home Cell

Date Available _____ Desired Pay _____

Position _____

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

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

Will you submit to a required drug test? YES NO If yes, explain _____

Are you able to work on weekends? YES NO **If no, do not submit application**

Are you able to travel overnight? YES NO

EDUCATIONAL BACKGROUND

<i>School</i>	<i>Name of School</i>	<i>Courses</i>	<i>Date of Graduation</i>	<i>Degree</i>
High School				
College				
Vocational/Technical				
Other				

EXPERIENCE

(specify experience in months or years)

Shingles _____ Cedar shingle/shakes _____

Slate/Tile _____ Flat roofs (specify type) _____

Metal (specify type) _____ Gutters _____

Copper _____ Carpentry (specify type) _____

Specialized training or certifications? OSHA 10 Hour OSHA 30 Hour Other _____

WORK EXPERIENCE

Company _____ Phone number _____

Address _____ Supervisor _____

Job title _____

Responsibilities _____

Reason for leaving _____ May we contact employer for reference YES NO

From _____ To _____ Starting pay rate _____ Ending pay rate _____

Company _____ Phone number _____
Address _____ Supervisor _____
Job title _____
Responsibilities _____

Reason for leaving _____ May we contact employer for reference YES NO
From _____ To _____ Starting pay rate _____ Ending pay rate _____

Company _____ Phone number _____
Address _____ Supervisor _____
Job title _____
Responsibilities _____

Reason for leaving _____ May we contact employer for reference YES NO
From _____ To _____ Starting pay rate _____ Ending pay rate _____

DRIVING INFORMATION

(information required for driving company vehicles)

Type of driver's license General Operator Commercial (CDL) Chauffer
Issued by what State? _____ License number _____ Expiration date _____
Restrictions on license? Yes No If yes, explain _____
Has your license been suspending, cancelled or revoked in the last 10 years? Yes No If yes, explain _____

NATURE OF EMPLOYMENT

All employment with Fortified Roofing & Siding is for an indefinite period of time and is on an "at-will" basis, which means that either the employee or the company may end the employment relationship at any time and for any or no reason.

I hereby authorize this company to investigate statements contained in this application. I realize that any false statements made will be sufficient cause for dismissal, if I am employed.

Signature _____ Date _____

For crew team member applicants

I verify that I have received "Crew Team Member Required Tools" listing and understand that I must provide these tools before I can begin employment, if I have been offered employment.

Signature _____ Date _____

OFFICE USE ONLY

Date Hired _____ Start Date _____ Pay Rate _____
Job Title _____ Supervisor _____ Approved By _____