

EMPLOYMENT APPLICATION

I.	Personal	Inform	ation
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City:	State:	Zip Code:	
Home Phone: ()	Cell Phone: (_)
Social Security Num	ber:		
Driver's License Nur	nber:	,	
Email Address:			
If hire, can you provide pro	of that you are legal	ly able to work in the	United States?
res No			
How were you referred to	us?		
	al Employment	: Agency Walk-In	Other

II.	Employment
Position	Desired:
	esired:
What da	ys and hours are you available to work?
Are you	available to work overtime or weekends if necessary? Yes No
Are you	over 18 years of age? Yes No
When ar	re you available to being work
III.	Skills
Are you	able to operate a personal computer? Yes No
If yes, w	hat types of computer software do you have proficiency in?
List any	other office machines you can operate:
	owledge, special skills and/or individual capabilities do you have which especial you for the position applied for?
	Education
-	nool o Trade School
	City of School:
	of Years Completed:
Did you	graduate? Yes No
College	or University
Name &	City of School:
	of Years Completed:
	graduate? Yes No
	s) or Diploma(s):
Major fie	eld(s) of Study:

V. Employment History

Please account for all employment within the last seven (7) years, beginning with your current or most recent employer.

Positions Held
Company Name:
Company Address:
Company Telephone Number: ()
Dates Employed: From To
Salary: Job Title:
Hours and Days Worked:
Supervisor: Is this your current employer? Yes No
May we contact the employer? Yes No
Specific Job Duties:
Reason for Leaving:
Positions Held
Company Name:
Company Address:
Company Telephone Number: ()
Dates Employed: From To
Salary: Job Title:
Hours and Days Worked:
Supervisor: Is this your current employer? Yes No
May we contact the employer? Yes No
Specific Job Duties:
Reason for Leaving:

<u>Positions Held</u>		
Company Name:		
Company Address:		
Company Telephone Number: ()		
Dates Employed: From To		
Salary: Job Title:		
Hours and Days Worked:		
Supervisor: Is this your current employer?	Yes	No
May we contact the employer? Yes No		
Specific Job Duties:		
Reason for Leaving:		
		
Positions Held		
Company Name:	•	
Company Address:		
Company Telephone Number: ()		
Dates Employed: From To		
Salary: Job Title:	_	
Hours and Days Worked:		
Supervisor: Is this your current employer?	Yes	No
May we contact the employer? Yes No		
Specific Job Duties:		
Reason for Leaving:		

	vi. ivillitary Service
•	Have you obtained any special skills or abilities as the result of services in the military?
	YesNo
	If yes, please describe:
	VII. Personal References
	Please list at least two (2) persons NOT related to you who have known you for at least five (5) years.
•	Name of Reference 1:
	Address:
	Telephone Number: ()
•	Name of Reference 2:
	Address:
	Telephone Number: ()

APPLICANT'S STATEMENT

(Initial each numbered item as read)

1.	The information that I have provided on this application is accurate to the best of
2.	my knowledge and may ne verified by Reliable Roofing Systems Inc. or its agents. I authorize all the schools, persons, and organizations named in this application to
	provide any relevant information in their possession or knowledge to the agents of
	Reliable Roofing Systems Inc., for use in deciding whether or not to offer me
	employment and specifically waive any required written notifications. I hereby release
	Reliable Roofing Systems Inc., my former employers and all other persons from any and
	all claims, demands, or liabilities arising out of or in any way related to such inquiry or
	disclosure.
3.	I understand that Reliable Roofing Systems Inc. is committed to maintaining a drug
	and alcohol free work place. Accordingly, I may be subject to a pre-employment blood
	test, urinalysis or other drug/alcohol screening. I further understand that if employed, I
	may be subject to a such drug and alcohol screening if the Reliable Roofing Systems Inc.
	has reasonable suspicion to believe that I am under the influence of a drug or alcohol.
	My consent to submit to such a test is required as a condition of employment and my
	refusal to consent shall result in a refusal to hire or, if already employed, termination.
4.	I understand and agree that any misrepresentation or omission of facts in this
••	application will be justification for refusal or termination of employment, regardless of
	the time elapsed before discovery.
5.	I understand and agree that the employment for which I am applying for is at-will
	and such employment may be terminated at any time with or without cause, without
	prior notice, by either myself or Reliable Roofing Systems Inc. There will be no
	agreement, express or implied between Reliable Roofing Systems Inc. and me for any
	specific period of employment, nor for continuing or long-term employment, unless
	made in writing, signed by an authorized representative of Reliable Roofing Systems Inc.
6.	I have placed my signature in the space provided below only after I have
	completed the entire application to the best of my ability and have carefully read the
	statements above.
	Applicants Name:
	Applicants Signature:
	Date:
	