



Roofing & Solar Perfected

EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION				
Name (Last Name First)			Social Security No.	
Present Address		City	State	Zip Code
Phone Number		Referred By		
EMPLOYMENT DESIRED				
Position		Date You Can Start	Salary Desired	
Are You Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, may we inquire of your present employer?		
Ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Where?	When?	
OTHER INFORMATION				
Do you have transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HEALTH ISSUES - Roofing is hard work.				
Do you have any health issues that may limit your ability to work on or around a construction site or roof? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you ever get dizzy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Can you lift 90 lbs. easily? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you afraid of heights? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please Explain:				
Do you have to take any medication that the company should know about? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please Explain:				
Are you allergic to any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please Explain:		
NAME AND LOCATION OF SCHOOL		Years Attended	Did You Graduate?	Subject Studied
HIGH SCHOOL				
COLLEGE				
Trade, Business, Or Correspondence School				

GENERALSubjects of Special Study/Research Work
or Special Training/Skills**FORMER EMPLOYMENT**

(List below last four employers, starting with last one first)

Date Month & Year	Name and Address of Employer	Position	Reason for Leaving
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			

REFERENCES

NAME	Years Known	Phone Number	Occupation

AUTHORIZATION

I certify that the facts in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the Company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized Company representative.

Date _____ Signature _____

Remarks