

EMPLOYMENT APPLICATION

X-TREAM ROOFING, LLC.

PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER

PLEASE FILL OUT THE SECTION BELOW:

DATE: _____

APPLICANT INFORMATION

NAME:

_____ ADDRESS

S: _____

CITY, STATE, ZIP CODE: _____

PHONE#: _____

EMPLOYMENT POSITION

POSITION APPLYING FOR: _____

HOW DID YOU HEAR ABOUT THIS POSITION? _____

WHEN CAN YOU START? _____

DO YOU HAVE RELIABLE TRANSPORTATION TO AND FROM WORK? _____

SALARY DESIRED: _____

PERSONAL INFORMATION

ARE YOU 18 YEARS OR OLDER? Y OR N

DRIVER'S LICENSE #: _____

ARE YOU A U.S. CITIZEN OR APPROVED TO WORK IN THE UNITED STATES? Y OR N

WHAT DOCUMENTATION CAN YOU PROVIDE AS PROOF OF CITIZENSHIP OR LEGAL STATUS?

WILL YOU CONSENT TO A MANDATORY CONTROLLED SUBSTANCE TEST? Y OR N

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?

(FELONY OR MISDEMEANOR) Y OR N

IF YES, PLEASE STATE THE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED AND DISPOSITION OF THE CASE:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense, the date of the offense, nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for many, however, be considered.)

JOB SKILL/QUALIFICATIONS

PLEASE LIST BELOW THE SKILLS AND QUALIFICATIONS YOU MAY HAVE FOR THE POSITION FOR WHICH YOU ARE APPLYING:

EDUCATION AND TRAINING

HIGH SCHOOL	LOCATION	YEAR COMPLETED	DEGREE EARNED

COLLEGE/ UNIVERSITY	LOCATION	YEAR COMPLETED	DEGREE EARNED

VOCATIONAL/ SPEC TRAINING	LOCATION	YEAR COMPLETED	DEGREE EARNED

MILITARY

ARE YOU A MEMBER OF THE ARMED SERVICE? Y OR N

BRANCH: _____

RANK AND DISCHARGE: _____

YEARS OF SERVICE: _____

PREVIOUS EMPLOYMENT

1. EMPLOYER NAME: _____

JOB TITLE: _____

SUPERVISOR NAME: _____

EMPLOYER PHONE #: _____

DATE OF EMPLOYMENT: _____

REASON FOR LEAVING: _____

RATE OF PAY: _____

2. EMPLOYER NAME: _____

JOB TITLE: _____

SUPERVISOR NAME: _____

EMPLOYER PHONE #: _____

DATE OF EMPLOYMENT: _____

REASON FOR LEAVING: _____

RATE OF PAY: _____

3. EMPLOYER NAME: _____

JOB TITLE: _____

SUPERVISOR NAME: _____

EMPLOYER PHONE #: _____

DATE OF EMPLOYMENT: _____

REASON FOR LEAVING: _____

RATE OF PAY: _____

REFERENCES

PLEASE PROVIDE 3 NO RELATED REFERENCES BELOW:

NAME	OCCUPATION	PHONE NUMBER	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained 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 pervious employment and any pertinent information they may have, personal or otherwise, and release the company form 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.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

SIGNATURE _____ DATE _____