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ROOF PARTNERS®
COMMERCIAL ROOFING
ROOFPARTNERS.NET

EMPLOYMENT APPLICATION

A DRUG FREE WORKPLACE

Roof Partners LLC is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political or disability.

Federal Law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit proof within the time required shall result in immediate employment termination.

PERSONAL DATA

First Name

Middle

Last Name

Street Address

City

State

Zip Code

Cell Phone

Home Phone

Email Address

Social Security

Date of Birth

Have you ever been convicted of a felony, theft or drugs? YES or NO (circle one)

Have you ever been accused of a felony? YES or NO (circle one)

Do you have a clean driving record for the past 5 years? YES or NO (circle one)

Have you ever applied / worked for Roof Partners before? YES or NO (circle one)

Have you ever been injured at work/on a job? YES or NO (circle one)

Please explain, if applicable: _____

POSITION PREFERENCES

What position are you applying for? _____

Pay desired: \$ _____ per _____ (hour, week or year)

Schedule desired: Full Time _____ Part Time _____ Other _____

What date can you start working? _____

Can you travel if required? _____

Can you submit proof of legal employment authorization or identity? _____

Are you currently employed? _____ Yes _____ No

EMPLOYMENT HISTORY

Please provide all employment information for your past three employers, starting with the most recent.

Check if attaching a Resume. Must provide Supervisor's name and contact information.

1. Current / Last Employer

Company Name: _____

City: _____ State: _____ Phone Number: _____

Supervisor Name and Title: _____

Dates of Employment: From _____ to _____

Position Held: _____

Pay: \$ _____ per ___ Hour ___ Week ___ Month

Reason For Leaving: _____

May we contact your employer? Yes _____ No _____

2. Current / Last Employer

Company Name: _____

City: _____ State: _____ Phone Number: _____

Supervisor Name and Title: _____

Dates of Employment: From _____ to _____

Position Held: _____

Pay: \$ _____ per ___ Hour ___ Week ___ Month

Reason For Leaving: _____

May we contact your employer? Yes _____ No _____

3. Current / Last Employer

Company Name: _____

City: _____ State: _____ Phone Number: _____

Supervisor Name and Title: _____

Dates of Employment: From _____ to _____

Position Held: _____

Pay: \$ _____ per ___ Hour ___ Week ___ Month

Reason For Leaving: _____

May we contact your employer? Yes _____ No _____

APPLICANTS RELEASE

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal conviction, motor vehicle and other reports. These reports will include information as to my character, work habits, performance, education, compensations and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state and other agencies which may contain records concerning my past activities relating to driving, credit, criminal and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and responsibility for doing so. I hereby consent to obtaining the above information from Roof Partners LLC and/or any of their agents. This authorization and consent shall be valid in original, fax or copy form.

All hiring and employment at Roof Partners LLC is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by Roof Partners LLC has no specific term and may be terminated by the employee or Roof Partners with or without notice. I acknowledge that Roof Partners has not made any promises or representations that differ from those contained in this paragraph. I understand that I must provide satisfactory documents to establish my identity and the right to work within the United States if I am offered a position with Roof Partners LLC and that failure to provide this evidence will result in the termination of my employment. I release and agree to hold harmless any individual, company business, institution or government agency from all liability with regard to furnishing information to Roof Partners LLC. I agree to release and hold harmless Roof Partners LLC from all liability with respect to receipt of such information. I certify that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Roof Partners LLC may be terminated.

Print Name

Date

Signature

Male or Female

Other names that you have used

Date of Birth

Social Security Number

Drivers License Number

Issuing STATE of drivers license

Issuing DATE of drivers license

Home Address

Previous Address if last address is less than 7 years

PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE

I hereby consent to submit to a urinalysis and/or other tests as shall be determined by Roof Partners in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that a physician or clinic selected by Roof Partners may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis.

I further agree to and hereby authorize the release of the results of said tests to the company.

I understand that it is the current use of illegal drugs that would prohibit me from being employed by this company.

I further agree to hold harmless the company and its agents, including the above named physician or clinic, from any liability arising in whole or part, out of collection of specimens, testing and use of the information from said testing in connection with the Company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: _____

SS # _____

Signature: _____

Date: _____

DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

DISCLOSURE

Roof Partners LLC (the “Company”) may request from a consumer reporting agency and for employment-related purposes, a “consumer report(s)” (commonly known as “background reports”) containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living or credit standing. The types of background information that may be obtained include, but are not limited to criminal history; litigation history, motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service and other information.

AUTHORIZATION

I hereby authorize Roof Partners LLC to obtain the consumer reports described above about me.

Applicant Name: _____

Applicant Signature: _____

Date: _____