

River Roofing, Inc., is an Equal Opportunity employer and observes all laws prohibiting discrimination. It is River Roofings' policy to evaluate employees on the basis of their qualifications and merit.

RIVER ROOFING INC. EMPLOYMENT APPLICATION

This Application valid for six months
Please complete and sign (Print or Type)

Date of Application _____

Social Security #: _____

NAME _____
First Middle Last

Resume Attached: Yes ___ No ___

ADDRESS _____
Street City State Zip

PHONE # _____ MESSAGE # _____

POSITION(S) APPLIED FOR: _____

AVAILABILITY (Check all that apply): Regular Full-Time ___ Summer ___ Temporary ___ Part-Time ___

TRAINING AND EDUCATION

Please furnish a description of training or education pertinent to the position for which you are applying. List vocational training and apprenticeships by subjects and dates completed and certificates received. List schools by highest grade completed or by degrees earned.

Occupational licenses: _____

EMPLOYMENT EXPERIENCE

List the last three jobs held, starting with your present or last job.

1. EMPLOYER _____ FROM _____ TO _____

ADDRESS _____

JOB TITLE _____ EMPLOYERS PHONE _____

SUPERVISOR _____ WAGES _____

IF CURRENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER? Yes ___ NO ___

If no, please explain: _____

DESCRIBE YOUR JOB RESPONSIBILITIES _____

REASON FOR LEAVING _____

2. EMPLOYER _____ FROM _____ TO _____

ADDRESS _____
JOB TITLE _____ EMPLOYERS PHONE _____
SUPERVISOR _____ WAGES _____

IF CURRENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER? Yes _____ No _____
If no, please explain: _____

DESCRIBE YOUR JOB RESPONSIBILITIES _____

REASON FOR LEAVING _____

3. EMPLOYER _____ FROM _____ TO _____

ADDRESS _____
JOB TITLE _____ EMPLOYERS PHONE _____
SUPERVISOR _____ WAGES _____

IF CURRENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER? Yes _____ No _____
If no, please explain: _____

DESCRIBE YOUR JOB RESPONSIBILITIES _____

REASON FOR LEAVING _____

DO YOU HAVE A VALID DRIVERS LICENSE? Yes _____ No _____ License No. _____ State _____

DATE OF BIRTH _____
HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes _____ No _____
If so, what? _____ When? _____
Where? _____

(A felony conviction does not necessarily mean you will not be hired)

HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM A JOB? Yes _____ No _____
If yes, please explain: _____

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES: Yes _____ No _____

Signature of this application gives the employer authority to run a Motor Vehicle Record Report. Our insurance company may also run a report. If the position you are applying for constitutes driving a motor vehicle, it is imperative that a good driving record exist.

APPLICANTS STATEMENT

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any false information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I hereby agree to submit to a physical examination prior to beginning employment, including any lawful drug testing that is required.

I authorize a thorough investigation of my past employment and activities, agree to cooperate with such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information.

I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job, in the event that I am hired.

I further understand and agree that my employment is for no definite period and may, regardless of payment of my wages or salary, be terminated at any time without prior notice, with or without cause.

Signature of Applicant

Date