

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.

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Signature of Applicant

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Date