

**RIVER ROOFING, INC.  
EMPLOYMENT APPLICATION**

**Date of Application** \_\_\_\_\_

**NAME** \_\_\_\_\_  
Last First Middle Initial

**ADDRESS** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code

***Mailing Address (if different)*** \_\_\_\_\_  
\_\_\_\_\_

**PHONE #** \_\_\_\_\_

**POSITION APPLIED FOR** \_\_\_\_\_

**AVAILABILITY** (Check all that apply)

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temp \_\_\_\_\_ Seasonal \_\_\_\_\_

**Do you have previous roofing experience? Yes \_\_\_\_\_ No \_\_\_\_\_**

*If yes, please explain* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT EXPERIENCE

List the last three jobs held, starting with your most recent employer

1. **EMPLOYER** \_\_\_\_\_

DATES EMPLOYED: From \_\_\_\_\_ to \_\_\_\_\_

ADDRESS \_\_\_\_\_

JOB TITLE \_\_\_\_\_ PHONE # \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

If still working, may we contact your employer? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain \_\_\_\_\_

DESCRIBE YOUR JOB RESPONSIBILITIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

2. **EMPLOYER** \_\_\_\_\_

DATES EMPLOYED: From \_\_\_\_\_ to \_\_\_\_\_

ADDRESS \_\_\_\_\_

JOB TITLE \_\_\_\_\_ PHONE # \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

If still working, may we contact your employer? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain \_\_\_\_\_

DESCRIBE YOUR JOB RESPONSIBILITIES \_\_\_\_\_

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REASON FOR LEAVING \_\_\_\_\_

3. **EMPLOYER** \_\_\_\_\_

DATES EMPLOYED: From \_\_\_\_\_ to \_\_\_\_\_

ADDRESS \_\_\_\_\_

JOB TITLE \_\_\_\_\_ PHONE # \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

If still working, may we contact your employer? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain \_\_\_\_\_

DESCRIBE YOUR JOB RESPONSIBILITIES \_\_\_\_\_

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REASON FOR LEAVING \_\_\_\_\_

**Do you have a valid driver license?** Yes \_\_\_\_\_ No \_\_\_\_\_

**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 \_\_\_\_\_

### **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 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