

**CLASSIC ROOFING**

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Referral Source

- Advertisement     Employee \_\_\_\_\_ NAME \_\_\_\_\_     Government Employment Agency
- Walk-in     Relative \_\_\_\_\_ NAME \_\_\_\_\_     Private Employment Agency
- Other \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Other Names Used \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Telephone # ( ) \_\_\_\_\_ Alternate Phone # ( ) \_\_\_\_\_ Email: \_\_\_\_\_

May we contact you at work?.....  Yes  No

If yes, work number and best time to call ( ) \_\_\_\_\_ : AM/PM

If you are under 18 and it is required, can you provide a work permit?.....  Yes  No

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

Have you previously submitted an application to The Company?.....  Yes  No

If yes, give date(s): From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Do you have friends or relatives working here?  Yes  No If yes, give names: \_\_\_\_\_

Have you ever been employed here before?.....  Yes  No

If yes, give date(s): From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for Leaving \_\_\_\_\_

Are you legally eligible for employment in this country?.....  Yes  No

Date available for work ..... \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Type of employment desired     Full-Time     Part-Time     Temporary

What hours are you available for work? \_\_\_\_\_

Will you work overtime if required?.....  Yes  No

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

Will you relocate if job requires it?  Yes  No Will you travel if job requires it?.....  Yes  No

Have you ever been convicted of a crime in the last seven (7) years?.....  Yes  No

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

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Driver's license number if driving is an essential job function \_\_\_\_\_ State \_\_\_\_\_

# Employment History

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment. List all employment within the last \_\_\_\_\_ years.

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS		MO/YR	MO/YR	
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

  

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS		MO/YR	MO/YR	
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

  

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ADDRESS		MO/YR	MO/YR	
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

  

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ADDRESS		MO/YR	MO/YR	
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MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

  

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IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

**Gaps in Employment** (Account for all periods of unemployment of three months duration or more in the above employment history, excluding periods of time when you were a full-time student.)

From	To	State What You Were Doing
MO/YR	MO/YR	
MO/YR	MO/YR	
MO/YR	MO/YR	

## Educational Background

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank (if known). E. Major field of study. F. Minor field of study.

A. SCHOOL	B. NUMBER OF YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA/ CLASS/RANK	E. MAJOR	F. MINOR
Name City & State		TYPE YEAR			
Name City & State		TYPE YEAR			
Name City & State		TYPE YEAR			
Name City & State		TYPE YEAR			

## Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. You may wish to include foreign language skills, typing skills, PC skills, software used, office equipment, etc.

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## Additional Information

List professional, trade, business or civic associations, special accomplishments, publications or awards.

EXCLUDE MEMBERSHIPS AND INFORMATION WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS.

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List any additional information you should like us to consider:

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## REFERENCES

List name and telephone number of three business/work references that are *not* related to you. If not applicable, list three school or personal references that are *not* related to you.

NAME	HOW KNOWN	TELEPHONE	YEARS KNOWN
		( )	
		( )	
		( )	

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_

NAME

ADDRESS

TELEPHONE

**AS AN APPLICANT I UNDERSTAND AND AGREE TO THE FOLLOWING:**

The Company does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, disability, veteran status or status within any other protected group. No questions on this application are intended to secure information to be used for such discrimination. Pursuant to the Americans with Disabilities Act, it is The Company's policy to hire qualified individuals with a disability as long as the individual can perform the essential functions of the job, with or without a reasonable accommodation.

In connection with The Company's consideration of me for employment, continued employment, promotion or reassignment or as part of an investigation, I understand that The Company or persons acting on its behalf may conduct investigative inquiries into my background that will include information regarding job reference, personal reference, criminal, consumer credit, driving, and other reports pertaining to me. These inquiries may include personal conversations with persons possessing knowledge relevant to these categories. These background inquiries will be conducted and reports obtained to provide The Company with job-related information regarding my character, general reputation, personal characteristics, work record and characteristics, skills and abilities, education and training, employment and experience, past job performance, reasons for termination of previous employment and other pertinent information.

I hereby consent to The Company, or persons acting on its behalf, obtaining the above stated information, I authorize, without reservation, any person or entity contacted by The Company or anyone acting on its behalf to furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing such information. I also release The Company from any and all liability for conducting such an investigation. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of the investigation(s).

In addition to authorizing the release of any information regarding my employment and background, I hereby fully waive any rights or claims that I have or may have against my former employers, their agents, employees and representatives regarding the release of information and release them from any and all liability, claims, or damage that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I authorize The Company or persons acting on its behalf to make these investigations, and to use job-related information obtained in its employment decision, including but not limited to, the truthfulness of my responses to The Company's employment inquiries. I hereby state that all information that I provide on this application and in any interview is true and accurate. I am aware that false statements, misrepresentations of facts, or material omissions may be sufficient to disqualify me for employment, or if employed, may result in my termination.

I have not signed any employment agreement or other agreement which limits the type of job I might accept in the future, or which limits for whom I might work in the future, with any employer by whom I have been employed at any time during the past two (2) years. If a job offer is extended, my initial and continued employment will be conditioned upon execution of agreements, if appropriate, with regard to invention, patent, confidentiality and non-competition. I also understand that after receipt of a job offer from The Company, I may be required as a condition of employment to submit to a medical examination and/or a drug test. Applicants for employment may be sent to a designated facility to undergo a drug-use test as part of the pre-employment process.

If employed, I will be required to provide proof of identity and legal work authorization, and I must meet minimum age requirements of applicable laws. I understand and acknowledge that there have been no oral or written representations made promising or guaranteeing employment or continued employment.

I understand that nothing contained in this application, offer letter, or in the interview process is intended to create an employment contract between The Company and me. If I am employed, I have a right to terminate my employment at any time and for any reason. Similarly, The Company may terminate my employment at any time, with or without notice and with or without cause. The Company is an at-will employer. I further understand that no representative of The Company has any authority to enter into any agreement with me for any specified period of time or to guarantee some other benefit, other than the President and any such agreement must be in writing to be effective. Supervisors do not have authority to make oral agreements guaranteeing employees' future promotions, pay raises, benefits, reassignments or transfers. Any such assurances must be in writing and signed by the President to be enforceable. This statement applies to the period prior to or after I may be employed.

I understand that my application for employment will be considered active for 60 days. After the expiration of 60 days, and, if I still desire to be considered for employment, it will be necessary for me to complete a new application.

Signature of Applicant: \_\_\_\_\_ Applicant Name: \_\_\_\_\_ (Print)

Date: \_\_\_\_\_

# Employee/Applicant Self Identification Form

The information below is used by the company only to maintain records required of employers pursuant to federal regulations. Any information supplied by you will not affect your employment with the Company. The Company is an Equal Opportunity Employer.

The Company complies with various federal and state laws and regulations that require the Company to file annual statistical reports on applicants and employees at the Company. In order to assist us in reporting accurate information and in analyzing the effectiveness of our diversity initiatives, we request your voluntary cooperation of self-identifying your race and ethnicity, and veteran status.<sup>1</sup> In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used *only* for the necessary reporting and implementation of the Company's affirmative action obligations, if you are eligible and would like to be considered for participation. Filling out this form is voluntary and will have no impact on any hiring decision. Refusal to complete this form will not result in adverse action. You may self-identify at any time now or in the future.

Name (please print): \_\_\_\_\_

Position Applied For: \_\_\_\_\_

How did you hear of our opening?

- |  |   |
|--|---|
| <input type="checkbox"/> Current Employee                    | <input type="checkbox"/> Government Employment Agency |
| <input type="checkbox"/> Newspaper Ad                        | <input type="checkbox"/> Walk-In                      |
| <input type="checkbox"/> Recruiter/Private Employment Agency |   |
| <input type="checkbox"/> Other - Explain: _____              |   |

**I do not wish to self-identify.**

## Race and Ethnicity:

- Two or More Races (Not Hispanic or Latino)**
- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

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<sup>1</sup> The information on this form is compiled based on federal regulations requiring the Company to summarize and submit an annual report regarding the above classification. The reports do not identify any specific individual. The form is confidential and is generally maintained in a separate, limited access file and should not generally be maintained in an employee's personnel file.

- Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Other (specify)\_\_\_\_\_

**Gender:**

- Male
- Female

**Veteran Status: (if applicable)**

- Armed Forces Service Medal Veteran** - A veteran who:  
while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985
- Other Protected Veteran** - Any veteran who served on active duty in the U.S. military, ground, naval, or air service, during a “war” or in a campaign or on an expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- Recently Separated Veteran** - A veteran who is in the three year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval or air service.

After being hired, an individual will be provided the opportunity to self-identify as a **Special Disabled Veteran** - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs or a person who was discharged or released from active duty because of a service-connected disability.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

**Please check one of the boxes below:**

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>1</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.