



APPLICATION FOR EMPLOYMENT

Ford Roofing Company LLC is An Equal Opportunity Employer

Ford Roofing Company LLC's policy in conjunction with federal and state law, forbids discrimination because of race, religion, color, sex, age, national origin, veteran status, disability, sexual preference, or any other characteristic protected by applicable state or federal civil rights laws.

IMPORTANT NOTICE: Answer each item accurately and completely. Should you fail to do so, no further consideration will be granted. Further, your termination may result if inaccurate or omitted information is discovered after your employment has begun.

PERSONAL INFORMATION

NAME: _____ DATE: ____/____/____
 SOCIAL SECURITY NUMBER: _____

LAST FIRST MIDDLE

PRESENT RESIDENCE:

STREET CITY STATE ZIP

MAILING ADDRESS:

STREET CITY STATE ZIP

PHONE NUMBER (1): _____ PHONE NUMBER (2): _____

IN CASE OF EMERGENCY NOTIFY:

NAME ADDRESS PHONE

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START: ____/____/____ SALARY DESIRED: \$ _____

ARE YOU CURRENTLY EMPLOYED? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE: _____ WHERE? _____ WHEN? _____

EDUCATION

NAME & LOCATION OF SCHOOL

YEARS
ATTENDED

DATE
GRADUATED

SUBJECTS STUDIED

GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

WHAT FOREIGN LANGUAGES DO YOU SPEAK/READ/WRITE FLUENTLY? _____

U.S. MILITARY OR NAVAL SERVICE: _____ RANK: _____

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ___ YES ___ NO ARE YOU AT LEAST 18 YEARS OF AGE? ___ YES ___ NO

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? ___ YES ___ NO

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS: (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE MOST RECENT)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
From: To:				
From: To:				
From: To:				
From: To:				

PREVIOUS TRADE EXPERIENCE (CHECK ALL THAT APPLY)

SHINGLES EPDM SLATE/TILE/SHAKE PVC SBS (MODIFIED BITUMEN)
 BUILT-UP (BUR) METAL ROOFING TPO ROOF REPAIR & MAINTENANCE

TRADE SKILLS (CHECK ALL THAT APPLY)

GROUND CLEAN-UP EQUIPMENT OPERATION SHEETMETAL FABRICATION MATERIAL TEAR-OFF
 LAYING FELT SOLDERING SHINGLE INSTALLATION HOT AIR WELDING
 ROOF LAYOUT FLASHING CREW SUPERVISION FRAMING

REFERENCES:

GIVE BELOW NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN
1			
2			
3			

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that an omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. **Initials:** _____

I authorize the investigation of all statements contained in this application (and accompanying resume, if any) and further authorize any person, school, current employer (except as expressly noted), past employers, consumer reporting agency and organizations, whether or not named in this application form (and accompanying resume, if any) to provide Ford Roofing Company LLC with records, information and opinions that may be useful in making a hiring decision or if hired, for continued employment. I release all such informants and their employer from all liability for any decision, claim, or damage that may result from furnishing and/or relying on such information and opinion (which is truthful or made in good faith). **Initials:** _____

If I become employed, in consideration of my employment, I agree that my employment will be at-will, and may be terminated with or without cause, and with or without notice, at any time at the option of myself or Ford roofing company LLC. I understand and acknowledge that this constitutes the entire agreement between myself and Ford Roofing Company LLC regarding the term of my employment and supersedes any other oral or written agreements. **Initials:** _____

I further understand and agree that if I am employed and my employment is terminated or I resign, I must return all Ford roofing Company LLC property in my custody, including but not limited to computer equipment, cellular phones, office keys, manuals, and keycards no later than my last day of work. **Initials:** _____

If I become employed, in consideration of my employment, I agree to comply with the rules, regulations, policies, and procedures of Ford Roofing Company LLC. **Initials:** _____

DATE: ____/____/____ SIGNATURE OF APPLICANT: _____

DO NOT WRITE IN THE BOX BELOW (For Office Use Only)

INTERVIEWED BY: _____	DATE RECEIVED: ____/____/____			
REMARKS:				
HIRED ____/____/____	FOR DEPT. _____	POSITION _____	WILL REPORT ____/____/____	SALARY WAGES \$ _____
APPROVED:				
1. _____		2. _____		
OFFICE MANAGER		GENERAL MANAGER		