

Roof Technologies, Inc.
Application For Employment

Roof Technologies, Inc. is an Equal Opportunity Employer and is committed to excellence through diversity.

Please print or type. The application must be fully completed and signed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Name

Permanent Address		City	State	Zip
Phone Number	Cell Phone Number	Referred By		
Are You A U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have you ever applied to this company before? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Position

Position You Are Applying For	Available Start Date	Desired Pay
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
May we contact current employer:		

Education History

Type school	Name & Location	Years Attended	Did You Graduate?	Subjects Studied
High School				
College				
Trade School				
U.S. Military Service		Rank		

References - Names of three persons not related to you, whom you have known at least one year

Name	Title	Company	Phone

Employment History- Most recent listed first

Employer (1)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (2)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (3)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (4)	Job Title saf		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Signature Disclaimer/Authorization

I certify that facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans With Disabilities Act (ADA) and other relevant federal and state laws.

I understand that if employment is offered, it is contingent on successfully passing a drug test as administered under state guidelines.

Name (Please Print)	Signature
Date	