## EMPLOYMENT APPLICATION



804.708.1234 www.crownroofingva.com

## ROOFING & SIDING

## APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. If employment is offered, it is strictly on an "at will" basis, which means that you may resign at any time, or Crown Roofing may terminate your employment at any time for no reason, or for any reason not prohibited by law. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be required by qualified applicants. Additional testing of job-related skills and for the presence of drugs on your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

Crown Roofing is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, veteran status, or any other legally protected status.

GENERAL INFORMA	TION					
Name		Social Security #				
Address		Home Phone				
City, State, ZIP		Work Phone				
Emergency Contact P	hone					
Prior Address						
Priory City, State, ZIP						
Have you applied at 0	Crown Roofing before? ☐ Yes ☐ No Wh	no referred you to Cro	wn Roofing?			
AVAILABILITY						
Position applied for:	ed for:			Requested rate of pay:		
☐ Full Time ☐ Part Time ☐ Temporary			Date available to work:			
EDUCATION						
Level of Education	Name of School	From Year To Year	Did you graduate	List Degrees		
High School			☐ Yes ☐ No			
College			□ Yes □ No			
Graduate School			□ Yes □ No			
Other (Specify)			☐ Yes ☐ No			

Employer	Supervisor	From / To	Position / Pay Rate	List number of years of experience in:
Employer Name	Name	From	Position	
				Roofing
Address	Phone	То	Pay Rate	Siding
				Windows
				Gutters
List the jobs you held, duties performed while you worked at this company	l, skilled used or learned, adva	nncements c	or promotions	
Employer Name	Name	From	Position	Roofing
				Siding
Address	Phone	То	Salary	Windows
7.64.23	T Home		Janary	Gutters
				<u> </u>
List the jobs you held, duties performed while you worked at this company	। l, skilled used or learned, adva	ancements c	pr promotions	
Employer Name	Name	From	Position	Roofing
				Siding
Address	Phone	То	Salary	Windows
				Gutters
List the jobs you held, duties performed while you worked at this company	। l, skilled used or learned, adva	nncements c	or promotions	

IDENTIFICATION AND	JOB SKILLS							
Drivers License Number:				State of Issue:				
Is your license currently	valid? □Yes □N	0						
Type of License:		Endorsements:	Re	estriction	s:			
Moving violations in the	e last 3 years:							
Do you have other skills	s, licenses, or certif	ficates that are job-relat	ed?					
Have you been given a job description or had the requirements of the job explained to you? $\square$ Yes $\square$ No								
Do you understand the	se requirements? [	☐ Yes ☐ No						
Can you perform the re	quirements of the	job with or without reas	sonable accom	nmodatio	n?□Yes □ No			
SECURITY								
List all countries and sta	ates of residence o	of the past seven years:						
Have you used another	name or Social Se	curity Number, other th	an those listed	d above?	□ Yes □ No			
If so, list all:								
Have you been convicte	ed of a felony and/	or served time for a felo	ny within the p	past seve	n years? 🗆 Yes	□No		
If so, please give details	(incident, location	s, change):						
REFERENCE								
Name	Address		Phone		Years Known	Relationship		
CERTIFICATION, RELEA I hereby certify that the fauthorize Crown Roofing Crown Roofing from any employment decision bas I understand that, if emp sufficient basis for dismis I understand that should regulations of employme employment nor anythin contract. I understand th terminate my employment	acts set forth in the g to verify their accurate activated and accurate activated and accurate accurate activated and accurate ac	uracy and to obtain reference tever kind and nature whation.  The ments of any kind or ome and the extended to me and the extended is for an indefinition.	ence information ich, at any time issions of facts accepted that a derstand that not deemed to conste duration and	on on my e, could re called for I will full either the	work performa esult from obtain on this applicate y adhere to the policies, rules, terms of an im	nce. I hereby release ning and having an attion shall be considered policies, rules and regulations of plied employment		

Date

Email Address

Signature