

EMPLOYMENT Application



Roof Systems of Virginia, Inc. considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or other legally protected status.

Roof Systems Of Virginia preforms background checks on all prospective employees.

DRUG POLICY: Roof Systems of Virginia, Inc. prohibits the use, possession or distribution on its premises, facilities or work places of any alcoholic beverages, intoxicants and narcotics, illegal or unauthorized drugs, "look-alike" drugs, and related drug paraphernalia.

All employees are subject to random drug testing.

Contact Information

POSITION APPLYING FOR _____		APPLICATION DATE _____	
LAST NAME _____	FIRST NAME _____	MIDDLE NAME _____	
STREET _____	CITY _____	STATE _____	ZIP _____
TELEPHONE _____	E-MAIL _____		
DATE OF BIRTH _____	SOCIAL SECURITY NUMBER _____		

General Questions

If you are under 18 years of age, can you provide required proof of eligibility to work? Yes No

Are you currently employed? Yes No

May we contact your employer? Yes No

Are you prevented from lawfully becoming employed in the U.S. because of Visa or Immigration status? Yes No

On what date can you begin work? Yes No

Can you travel if the job requires it? Yes No

Have you been convicted of a felony within the last 7 years?
(A conviction will not necessarily disqualify an applicant from employment.) Yes No

If yes, please explain _____

Are you a U. S. Veteran? Yes No

In what City, State and Country were you born? _____
(Various State projects require Roof Systems to provide them with this information for security reasons.)

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Arrange interview <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Interview _____	Date of Employment _____
Job Title _____	Department _____
Interviewer _____	Rate of Pay _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, origin, disabilities or other protected status.

EMPLOYER	DATES EMPLOYED	
	TO	FROM
STREET ADDRESS, CITY, STATE, ZIP	PAY RATE	
	START	FINISH
SUPERVISOR	JOB TITLE	
WORK PERFORMED	REASON FOR LEAVING	

EMPLOYER	DATES EMPLOYED	
	TO	FROM
STREET ADDRESS, CITY, STATE, ZIP	PAY RATE	
	START	FINISH
SUPERVISOR	JOB TITLE	
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EMPLOYER	DATES EMPLOYED	
	TO	FROM
STREET ADDRESS, CITY, STATE, ZIP	PAY RATE	
	START	FINISH
SUPERVISOR	JOB TITLE	
WORK PERFORMED	REASON FOR LEAVING	

If you need additional space, please continue on the back side of this sheet of paper.

Special Skill

Indicate any foreign languages you can speak, read or write.

LANGUAGE	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States Military.

List professional, trade, business or civic activities and offices held.

(You may exclude membership which indicate race, color, religion, gender, origin, age, disabilities or other protected status.)

Education

ELEMENTARY		
NAME	ADDRESS	
COURSE OF STUDY	YEARS COMPLETED	DIPLOMA OR DEGREE EARNED
HIGH SCHOOL		
NAME	ADDRESS	
COURSE OF STUDY	YEARS COMPLETED	DIPLOMA OR DEGREE EARNED
UNDERGRADUATE COLLEGE		
NAME	ADDRESS	
COURSE OF STUDY	YEARS COMPLETED	DIPLOMA OR DEGREE EARNED
GRADUATE COLLEGE		
NAME	ADDRESS	
COURSE OF STUDY	YEARS COMPLETED	DIPLOMA OR DEGREE EARNED
OTHER (SPECIFY)		
NAME	ADDRESS	
COURSE OF STUDY	YEARS COMPLETED	DIPLOMA OR DEGREE EARNED

References

NAME	PHONE
ADDRESS	RELATIONSHIP
NAME	PHONE
ADDRESS	RELATIONSHIP
NAME	PHONE
ADDRESS	RELATIONSHIP

I certify that the information herein is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

SIGNATURE OF APPLICANT

DATE OF APPLICATION