

Academy Roofing - Application for Employment

Pre-employment Questionnaire - An Equal Opportunity Employer

Date of Application _____

Personal Information

Name (last name first)		Social Security Number (optional)	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone Number		Referred By	

Education History

	SCHOOL LOCATION	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

General Information

Subjects of Special Study, Research Work or Special Training/Skills	
US Military or Other Service	Rank

Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

References (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

Authorization

"I certify that the 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 that 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."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

***** DO NOT WRITE BELOW THIS LINE *****

Remarks

NEATNESS		CHARACTER		
PERSONALTY		ABILITY		
HIRED	FOR DEPT	POSITION	WILL REPORT	SALARY WAGES

APPROVALS:

1 _____ 2 _____ 3 _____
EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER