

# American Roofing Supply

415 Edwards Ave  
Elmwood, LA 70123

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## Employment Application

We appreciate the opportunity to review your qualifications for employment with the company. So that we can thoroughly consider your special skills and abilities, we would appreciate your completion of our Employment Application. This employment application will only be valid for 30 days from the date of the application. If you wish to be considered for employment subsequent to that date, a new application must be completed.

American Roofing Supply, and its Clients fully subscribe to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status. Disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans With Disabilities Act, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As Equal Opportunity Employers, we intend to comply fully with applicable federal and State employment laws and the information requested on this application will only be used for purposes consistent with those laws. Applications are only accepted for positions currently available and will only be considered for thirty (30) days from today's date or until the position applied for is filled, whichever first occurs.

**(PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS)**

**POSITION APPLIED FOR:** \_\_\_\_\_

**Applicant Name** \_\_\_\_\_

**Date** \_\_\_\_\_

# PERSONAL DATA:

\_\_\_\_\_  
(Last Name) (First) (Middle)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Salary Expectations: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are there any days, shifts or hours you cannot work? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Are you available for out of town work? \_\_\_\_\_ Do you want part time or full-time employment? \_\_\_\_\_

When will you be able to start work? \_\_\_\_\_ Will you work overtime, if required? \_\_\_\_\_

How did you learn of our Company? \_\_\_\_\_

If referral, who were you referred by? \_\_\_\_\_

Have you ever worked here before? \_\_\_\_\_ If yes, provide dates: From: \_\_\_\_\_ To: \_\_\_\_\_

If yes, reason for leaving here before: \_\_\_\_\_

Have you taken any controlled substances or illegal drugs in the last 30 days? \_\_\_\_\_ If yes, What? \_\_\_\_\_

Are you legally authorized to work in the United States? \_\_\_\_\_

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)? \_\_\_\_\_

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NOTE: The Federal Immigration and Reform and Control Act of 1986 requires that an INS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. **This federal requirement must be satisfied as a condition of employment.**

# MILITARY:

(Complete only if you served in the military)

Branch of Service: \_\_\_\_\_ Dates of service: From \_\_\_\_\_ To \_\_\_\_\_

Rank at Discharge \_\_\_\_\_ Date of Discharge \_\_\_\_\_ Reason for leaving \_\_\_\_\_

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Describe any military skills, training, or experience you believe are relevant to the job applied for: \_\_\_\_\_

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# **EMPLOYMENT HISTORY:**

(Please complete for all full-time or part-time employment beginning with most recent employer. The U.S. Department of Transportation requires that driver applications show all employment for the past 3 years and must show commercial driver employment for the 7 years immediately preceding this year period).

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Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Duties and Skills: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
=====

Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Duties and Skills: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
=====

Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Duties and Skills: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
=====

Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Duties and Skills: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
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Please explain any gaps in your employment history \_\_\_\_\_

Have you ever been discharged or forced to resign? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Have you had any work related accidents or injuries, or been on workman's compensation or medical leave? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Have you signed any non-compete or non-solicit agreement with any other employer that might restrict you from working for this company? \_\_\_\_\_ If so, please explain (You may be required to furnish a copy of the agreement) : \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of conviction: \_\_\_\_\_

**Note:** Answering "yes" does not automatically exclude you from further consideration for the position. If yes, please explain:

Have you ever been convicted of misappropriation of funds, embezzlement, or similar for other dishonest conduct, or an offense involving the use of a weapon, for burglary, robbery, breaking and entering or theft, or for physical assault or other violent crime?

Yes \_\_\_\_\_ No \_\_\_\_\_ Date of conviction: \_\_\_\_\_

**Note:** Answering "yes" does not automatically exclude you from further consideration for the position. If yes, please explain:

Have you ever been a defendant in a civil action for intentional tort (intentional commission of a wrongful act)?

Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Answering "yes" does not automatically exclude you from further consideration for the position. If yes, please explain:

## **EDUCATION:**

(May or may not be considered depending on job applied for)

Circle highest grade completed:      1 2 3 4 5 6 7 8 9 10 11 12      College: 1 2 3 4

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:

# **DRIVING RECORD:**

(Answer only if driving is a requirement of the job for which you are applying).

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (The U.S. Department of Transportation requires that driver applications state their date of birth.)

Do you have a valid drivers license? Yes \_\_\_\_ No \_\_\_\_

State \_\_\_\_ License # \_\_\_\_\_ Class \_\_\_\_\_ Expiration Date \_\_\_\_\_

Endorsements: \_\_\_\_\_

Do you have a valid DOT medical card: (Y/N) \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Has your license ever been suspended or revoked? \_\_\_\_ If yes, please explain \_\_\_\_\_

List tickets for the last 5 years:

Date	Location	Charges	Penalty

Do you have any DUI or DWI convictions? \_\_\_\_ If yes, please state when you were convicted and explain: \_\_\_\_\_

List accidents for past 5 years (Attach separate sheet of paper if more space is needed):

Dates	Nature of Accident (Head-ON, Rear-End, Etc.)	Ticketed (Y/N)	Fatalities	Injures

List Driving Experience:

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Semi Truck				
Twin Trailers				
Other				

**RESIDENCES:**

(Please provide your addresses of residence for the past seven years beginning with the most recent address.)

Street Address City State Zip Code From To

Street Address City State Zip Code From To

Street Address City State Zip Code From To

Street Address City State Zip Code From To

Street Address City State Zip Code From To

**DRUG TESTING CONCENT AND RELEASE:**

I hereby consent: to the pre-employment, accident related, and random collection of blood, urine, and / or breath specimens from me; to the testing of such specimens for alcohol, drugs or their metabolites; to the release of test results and other relevant testing laboratories as used by American Roofing Supply for the tests detailed above.

I have, within the last 30 days, taken the following medication:

<u>Name of Drug</u>	<u>Condition For Which Taken</u>	<u>Prescribing Physician</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Consent Given:

\_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

Consent Refused:

\_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

**ADDITIONAL COMMENTS:**

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**APPLICANT’S ACKNOWLEDGMENT:**

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document will disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document will be cause for my dismissal at any time without prior notice.

I understand that, if employed, my employment with the Employer is not for a specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Employee Guidelines or any personnel manuals) constitute an employment contract or modification of the at-will employment relationship between me and the Employer.

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver’s examination; submit to a background investigation; take a pre-employment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests.

I understand that if hired, I will be given and must read and agree to abide by the “Employee Guidelines” as a condition of employment. I understand that these guidelines may be revised or appended as American Roofing Supply deems necessary and that my continued employment will be contingent on my agreeing to abide by the revised or appended guidelines.

I acknowledge that this application will remain active for 30 days from this date. If I have not heard from the Company at the conclusion of this 30 day period, it is my responsibility to complete a new application if I still wish to be considered for employment by the Company.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **ID'S & DOCUMENTS**

(Attach copies of any necessary documents (ID's, driver's licenses, medical cards, social security cards, etc.)