



**APPLICATION FOR EMPLOYMENT**  
(Please fill out all fields)

**DATE**  
\_\_\_\_\_

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

<b>Last</b>	<b>First</b>	<b>Middle</b>	<b>Maiden</b>
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**Present address**  
\_\_\_\_\_

<b>Number</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_      **Social Security No.** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Telephone** (\_\_\_\_) \_\_\_\_\_

**Are you at least 19 years old?**  Yes     No

<b>Position applied for (1)</b> _____ <b>and salary desired (2)</b> _____	<b>Days/hours available to work</b> No Pref _____ Thur _____ Mon _____ Fri _____ Tue _____ Sat _____ Wed _____ Sun _____
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**How many hours can you work weekly?** \_\_\_\_\_    **Can you work nights?**  Yes     No

**Can you work weekends?**  Yes     No      **Can you travel?**  Yes     No

**Employment desired**     FULL-TIME ONLY     PART-TIME ONLY     INTERNSHIP PROGRAM

**Have you worked for this company before?**  Yes     No

**Did someone refer you to us?**  Yes     No

**If so, who?** \_\_\_\_\_

<b>TYPE OF SCHOOL</b>	<b>NAME OF SCHOOL</b>	<b>LOCATION (Complete mailing address)</b>	<b>NUMBER OF YEARS COMPLETED</b>	<b>MAJOR &amp; DEGREE</b>
<b>High School</b>				
<b>College</b>				
<b>Bus. or Trade School</b>				
<b>Professional School</b>				

**HAVE YOU EVER BEEN CONVICTED OF A FELONY?**    Yes    No

**If yes, please explain.**

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**How long ago?** \_\_\_\_\_

**WOULD YOU PASS A BACKGROUND CHECK?**    Yes    No

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_  Operator  Commercial (CDL)  Chauffeur

Expiration date \_\_\_\_\_

Have you had any accidents during the past three years? How many? \_\_\_\_\_

Have you had any moving violations during the past three years? How Many? \_\_\_\_\_

Have you ever failed to submit a drug test?  Yes  No

Have you ever failed a pre-employment/ post-accident drug test?  Yes  No

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

**MILITARY**

**HAVE YOU EVER BEEN IN THE ARMED FORCES?**       Yes    No

**ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?**       Yes    No

**Specialty** \_\_\_\_\_ **Date Entered** \_\_\_\_\_ **Discharge Date** \_\_\_\_\_

**Work History**      Please list your work history for the past 5 years beginning with your most recent job held.  
If you were self-employed, give firm name. Attach additional sheets if necessary.

<b>Name of employer</b> <b>Address</b>  <b>City, State, Zip Code</b> <b>Phone number</b>	<b>Name of last supervisor</b>	<b>Employment dates</b>	<b>Pay or salary</b>
		<b>From</b>  <b>To</b>	<b>Start</b>  <b>Final</b>
	<b>Your last job title</b>		
<b>Reason for leaving (be specific)</b>			
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b>			

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		<b>From</b>  <b>To</b>	<b>Start</b>  <b>Final</b>
	<b>Your last job title</b>		
<b>Reason for leaving (be specific)</b>			
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b>			
<b>May we contact your present employer?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</b>			

**AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)**

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Stonebrook Roofing, Inc. creates an actual or implied contract of employment. I understand that, if I accept employment with Stonebrook Roofing, Inc., it will be on an at-will basis. This means that either Stonebrook Roofing, Inc. or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, and a pre-physical if requested by Stonebrook Roofing, Inc. I release Stonebrook Roofing, Inc., and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize Stonebrook Roofing, Inc. to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release Stonebrook, Inc. and its employees from all liability arising from such investigation.

**Signature of applicant** \_\_\_\_\_

Date: \_\_\_\_\_

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Stonebrook Roofing, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Stonebrook Roofing, Inc. depends solely on your qualifications.

**PLEASE SEE REVERSE SIDE.**

# BACKGROUND RESEARCH RELEASE

## Authorization and General Release

The undersigned \_\_\_\_\_ in connection with this application, authorizes all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, military services and former employers to release information they may have about me to STONEBROOK EXTERIOR or its agents and releases them from any liability or responsibility from doing so. Further, I authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character and personal reputation. I understand that this notice will also apply to any future update reports that may be requested.

\_\_\_\_\_  
Applicant's Signature:

\_\_\_\_\_  
Applicant's Printed Name:

\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Title