



JOB APPLICATION QUESTIONNAIRE

Name: _____

Best phone number to call you at: _____

Days available to work: Please circle: M T W TH F SA

Are you available from 7:00am – 8:00pm on the days circled above.

Please circle: YES or NO

If not, please state times you are available: _____

Available to start working on _____ through _____

Do you have your own reliable transportation? _____

Where did you hear about our company? _____

Signed: _____ Date: _____



An Equal Opportunity Employer

It is the policy of Renaissance Roofing, Inc. to provide employment opportunities without regard to race, color, religion, sex, national origin, age, handicap, or veteran status.

APPLICATION FOR EMPLOYMENT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number where we can reach you: _____

Alternate Phone number: _____

Social Security Number: _____

Are you a United States Citizen? _____

Are you authorized to work in the United States? _____

If not, please list visa or work permit number: _____

Date of Birth (DD/MM/YYYY): _____

How soon can you start work? _____

EDUCATION

High School Attended: _____

Did you graduate? _____

College, Technical, Vocation, School attended: _____

EMPLOYMENT HISTORY

PRESENT OR MOST RECENT EMPLOYER:

FULL NAME OF COMPANY: _____

ADDRESS: _____ CITY: _____ STATE: _____

CONTACT PERSON: _____ PHONE: _____

BEGINNING SALARY: _____ ENDING SALARY: _____

EMPLOYED FROM _____ TO _____

REASON FOR LEAVING: _____

DUTIES: _____

PREVIOUS EMPLOYER:

FULL NAME OF COMPANY: _____

ADDRESS: _____ CITY: _____ STATE: _____

CONTACT PERSON: _____ PHONE: _____

BEGINNING SALARY: _____ ENDING SALARY: _____

EMPLOYED FROM _____ TO _____

REASON FOR LEAVING: _____

DUTIES: _____

PREVIOUS EMPLOYER:

FULL NAME OF COMPANY: _____

ADDRESS: _____ CITY: _____ STATE: _____

CONTACT PERSON: _____ PHONE: _____

BEGINNING SALARY: _____ ENDING SALARY: _____

EMPLOYED FROM _____ TO _____

REASON FOR LEAVING: _____

Have you ever been suspended, placed on probation, asked to resign, discharged or terminated from any employment? _____

If Yes, Please explain: _____

SKILLS

Do you have any roofing and/or construction experience? If so, **please describe in detail** the training and experience which you have received?

Do you have experience with any of the following, please mark with an X:

- _____ Striping off roofs?
- _____ Ground clean-up?
- _____ Replacing damaged plywood (OSB)?
- _____ Chimney flashing?
- _____ Installing drip edge?
- _____ Installing Felt paper and /or Ice Guard?
- _____ Installing 3-tab shingles?
- _____ Installing dimensional shingles?

MISCELLANEOUS INFORMATION

Do you have a valid driver's license? _____

License # _____ State Issued: _____ Exp Date: _____

Have you ever been convicted of or sentenced for any violation of the law? _____

If yes, give full details: (The existence of a criminal record does not constitute an automatic bar to employment): _____

Do you have any existing physical conditions (back problems, etc)? _____

If yes, please describe your condition? _____



Applicant's Certification and Agreement

I hereby certify that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal subsequent to my employment.

I hereby affirm that by execution of this application, I acknowledge that Renaissance Roofing, Inc. has disclosed to me that an Investigate Consumer Report, including information as to my character, general reputation, personal characteristics, background check (criminal and civil) and mode of living may be made, and that I, upon written request to Renaissance Roofing, Inc. made within a reasonable time after date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I hereby authorize that Renaissance Roofing, Inc., to request and I also authorize and request each former employer, school attended, and each person, firm or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data requested, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I hereby affirm that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by Renaissance Roofing, Inc., and as often as directed during employment.

I hereby authorize that medical examiner to disclosure to Renaissance Roofing, Inc any and all findings and conclusions arrived at in any examinations performed either prior to employment or during employment.

I understand that should I be given employment, such employment shall be for an indefinite period of time and my terminated, at will, at anytime for any reason, by me or by Renaissance Roofing, Inc. without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination. I further understand that only the President of Renaissance Roofing Inc., has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and that any such agreement must be in writing.

I understand that if I am employed, the terms and conditions of my employment will be governed by this application and Renaissance Roofing, Inc.'s Terms of Employment and Policy and Procedures, as amended from time to time by Renaissance Roofing, Inc.

Signature: _____ Date: _____

Thank you for completing this application. It will remain under consideration for six months. It will not be necessary for you to reapply during this six month period. Your interest in Renaissance Roofing, Inc. is appreciated.

Request for Motor Vehicle Record

From: Renaissance Roofing, Inc.

Date:

We are interested in securing the following information for underwriting purposes:

Please obtain a motor vehicle record using the following information:

Driver's Name _____

Driver's License Number _____

Date of Birth _____

Social Security # _____

State Licensed in _____

Please fax to (734) 495-1445 when received. Contact our office prior to faxing (NO).

Sincerely,
Renaissance Roofing, Inc.

Name of Insured

Karen DePriest Co-Owner/Treasurer

Signature & Title

Dated

Release:

I hereby authorize the release of my motor vehicle record to the above captioned company, their insurance agent and/or broker and auto insurance carrier.

Employee, Prospective Employee and/or New Driver Signature

Dated