

Date:



TIP TOP ROOFERS, INC

APPLICATION FOR EMPLOYMENT

Tip Top Roofers, Inc. is an equal opportunity employer. Applicants for all job openings are welcome and will be considered without regard to race color religion national origin sex age disability or any other basic protected by federal state or local law. It is the intent of tiptop roofers Inc. to comply with all applicable federal state and local legislation concerning equal opportunity in employment.

This application will be valid for fourteen (14) days. Applicants who desire to be considered beyond the fourteen day period must submit a new application.

Each question should be fully and accurately answered. Your application will be evaluated in part on the completion pf your answers and may be rejected if incomplete.

PLEASE PRINT:

Last Name, First Name, Middle Name

Social Security Number

Present Address: Street, City,State, Zip

Phone Number

Permanent Address (if different from above): Street, City,State,

IN CASE OF EMERGENCY, NOTIFY:

Full Name

Phone Number

Relationship

Address: Street, City, State, Zip

Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment, Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity? Yes No

Have you ever been convicted of a felony within the last 7 years? ___Yes ___No

If Yes, give dates and explain:

(A conviction does not necessarily disqualify you from employment.)

Are you over the age of 18? ___Yes ___No

Have you ever filled out an application with us before? ___ Yes ___ No If yes, give date:

Have you ever been employed with us before? ___ Yes ___ No If yes, give date:

Which position are you applying for?

How did you learn about us?

___ Advertisement ___ Friend ___ Walk In ___ Employment Agency ___ Relative ___ Other

Are you currently employed? ___ Yes ___ No

May we contact your present employer? ___ Yes ___ No If yes, give date:

Are you available to work: ___ Full Time ___ Part Time ___ Shift work ___ Temporary

Are you currently on Lay Off status and subject to recall? ___ Yes ___ No

Can you travel if the job requires it? ___ Yes ___ No

Please list the salary desired for the position you are applying for:

EDUCATION:

| School | Print name City/State | Number of years completed | Degree/ certifications | Major course of study |
|-------------------------------------|----------------------------------|--------------------------------------|-----------------------------------|----------------------------------|
| High School | | | | |
| College | | | | |
| Graduate school | | | | |
| Trade, business classes? | | | | |
| Other | | | | |

EMPLOYMENT EXPERIENCE

ALL FORMER JOBS (List most recent job first). Account for all periods of time including unemployment, self - employment and military service.

| | |
|---|--|
| Start date (Month/Year) | |
| End date (month and year) | |
| Employer name and phone number | |
| Address | |
| Job Title & Description | |
| Certifications: List certifications, date acquired and expiration date. | |
| Immediate Supervisor | |
| Earnings (Monthly or hourly) | |
| Reason for leaving? | |

| | |
|---|--|
| Start date (Month/Year) | |
| End date (month and year) | |
| Employer name and phone number | |
| Address | |
| Job Title & Description | |
| Certifications: List certifications, date acquired and expiration date. | |
| Immediate Supervisor | |
| Earnings (Monthly or hourly) | |

| | |
|---|--|
| Reason for leaving? | |
| Start date (Month/Year) | |
| End date (month and year) | |
| Employer name and phone number | |
| Address | |
| Job Title & Description | |
| Certifications: List certifications, date acquired and expiration date. | |
| Immediate Supervisor | |
| Earnings (Monthly or hourly) | |
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| | |
|---|--|
| Start date (Month/Year) | |
| End date (month and year) | |
| Employer name and phone number | |
| Address | |
| Job Title & Description | |
| Certifications: List certifications, date acquired and expiration date. | |
| Immediate Supervisor | |
| Earnings (Monthly or hourly) | |
| Reason for leaving? | |

List any other job related skills or qualifications that support your application:

Honors Received:

In order to permit a check of your work and educational records, should we be made aware of any change of name or assumed name that you previously used?: Yes No

If yes: Please list names and relevant dates:

Character references:

List three people NOT related to you whom you have known for at least one year: (Name, phone number)

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Please read before signing, if you have any questions regarding this statement, please ask them of someone before signing.

I authorize investigation of all statements contained in this application and I hereby authorize all previous employers, references, and other third parties to release information pursuant to Tip Top Roofers, Inc investigation.

I certify that I am capable of and qualified to perform the job for which I applied.

I understand that upon an offer of employment I may at the discretion of Tip Top Roofers, Inc. be requested to submit medical assessment or testing. I specifically understand that as a condition of employment I may be examined or tested to determine the presence or abuse of drugs or alcohol.

I agree that, if employed, I will comply with all company policies and procedures, rules, or other management communications as may be directed to employees.

I further agree that my employment can be terminated with or without cause and with or without notice, at any time, at the option of either the company or myself.

I understand that all statements made on this application are correct and complete to the best of my knowledge and I understand that falsification of this application may result in immediate dismissal.

As a condition of my employment with Tip Top Roofers, Inc. I understand and agree to submit all claims arising out of my application for employment and, if hired all claims related to termination of my employment which

cannot be resolved through direct discussion or mediation, to final and binding arbitration pursuant to the American Arbitration Association's National rules for the resolution of employment disputes.

By signing in submitting this application for employment I acknowledge and agree to submit all disputes relating to claims arising out of my application for employment or, if hired, to the termination of my employment to binding arbitration, including but not limited to, alleged violations of federal state or local statutory claims based on any claims of breach or duty arising in contract or tort, including breach of contract, breach of the covenant of good faith and fair dealing, in violation of public policy, or any other alleged violation of my statutory, contractual, or common law rights, but excluding worker's compensation claims, unemployment insurance matters, and any matter within the jurisdiction of the State Labor Commissioner, pursuant to the Company's arbitration policy and agreement which have been provided to me and as they may be amended from time to time. I hereby waive the right to seek resolutions of such disputes or claims in any other form, unless otherwise provided by law. Arbitration will be through and under Federal Arbitration Act, 9 U.S.C.A. 1-16.

I hereby acknowledge that I have read the above statements and understand them.
Any applicant wishing to be considered for employment beyond fourteen days (14) must re-apply.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application, including the arbitration provision set forth above. This application contains all the understandings and agreements between me and Tip Top Roofers Service Corporation concerning the nature of my employment, if any, by Tip Top Roofers Service Corporation and supersedes all prior and/ or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and Tip Top Roofers, Inc. I understand and agree that, except as noted above, no person who is either an agent or employee of Tip Top Roofers Service Corporation may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions of employment set forth herein.

Signature of applicant

Date

FOR OFFICE USE ONLY:

Date employed:

Position:

Pay Rate:

DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION

In connection with my application for employment or to serve as a volunteer with TIP TOP ROOFERS/ TIP TOP SERVICE CORPS (“Client”), I understand that a “consumer report” and/or “investigative consumer report”, as defined by the Fair Credit Reporting Act, will be requested by Client for employment through *HireRite*, a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker’s compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report.

Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act

SIGNATURE

TODAY’S DATE

LAST NAME

FIRST NAME

MIDDLE INITIAL

HOME ADDRESS

CITY

COUNTY

STATE

ZIP

SSN

DRIVERS LICENSE/STATE ID

STATE ISSUED

EMAIL ADDRESS

For identification purposes only, please provide FULL DOB

Please list other names used