



Employment Application

PLEASE PRINT

Date: _____

Personal Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Date of Birth: _____

Phone: _____ Mobile: _____ Email: _____

Have you ever worked for Hy-Tech Roofing Services, Inc. before? Yes No If yes, when? _____

Are you 18 years or older? Yes No If no, do you have a worker's permit? Yes No

Are you a U.S. Citizen or do you have a *legal right* to be employed in the U.S? Yes No If yes, what type of permit? _____

Have you ever been convicted of a felony? Yes No If yes, please explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentences(s) imposed, and type(s) of rehabilitation.

MILITARY:

Have you ever been in the U.S. Armed Forces? Yes No If yes, what branch? _____

Are you currently a member of the National Guard? Yes No

Date Entered _____ Discharge Date _____

Type of Discharge _____ Specialty _____

EDUCATIONAL DATA:

Education/Training	Name of School & Address	Couse of Study	Years Completed (circle one)	Diploma / Degree (circle one)
Grammar School			5 th 6 th 7 th 8 th 9 th	
High School			9 th 10 th 11 th 12 th	YES / NO
Business or Trade School			1yr 2yr 3yr 4yr	YES / NO
College			1yr 2yr 3yr 4yr	YES / NO
Other: Describe any other specialized or job related training, apprenticeship, skills, extra-curricular activities, training received in the United States military:				

LANGUAGE:

Indicate any language you can speak, read, and/or write along with your fluency in the language.

<u>Language</u>	<u>SPEAK</u>				<u>READ</u>				<u>WRITE</u>			
	<u>HIGH</u> <u>(Fluent)</u>	<u>MOD</u> <u>(Good)</u>	<u>LOW</u> <u>(Fair)</u>	<u>None</u>	<u>HIGH</u> <u>(Fluent)</u>	<u>MOD</u> <u>(Good)</u>	<u>LOW</u> <u>(Fair)</u>	<u>None</u>	<u>HIGH</u> <u>(Fluent)</u>	<u>MOD</u> <u>(Good)</u>	<u>LOW</u> <u>(Fair)</u>	<u>None</u>
English <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

POSITION DESIRED:

Position: _____

Days/ Hours available to work: _____

Date you can start: _____ Desired salary: _____

How were you referred to Hy-Tech Roofing Services, Inc?

- Hy-Tech employee (name of person) _____ Newspaper Sign Hy-Tech Website
 Advertisement Employment Agency Walk-in Relative (name of relative) _____

DRIVING HISTORY:

Do you presently have a valid driver's license? Yes No What method of transportation will you use to get to work? _____

State: _____ License #: _____ Class of License: _____

If you presently have a Class E Louisiana Driver's License or you **do not** have a Driver's License, are you willing to get a Louisiana Driver's License (Class D or Commercial/CDL) within thirty (30) days of employment? Yes No

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the past three years? Yes No How many? _____

Have you ever had license suspension/revocation or citation for DWI? Yes No

If yes, when and where? _____

TWIC:

Do you presently have a TWIC (Transportation Worker Identification Credential)? Yes No If yes, will need a copy of card.

If no, are you willing to apply for a TWIC card within thirty (30) days of employment? Yes No

TRAINING CERTIFICATION:

Are you currently NRCA CERTA trained for torch application? Yes No

If yes, please give the Expiration Date: _____ We will need a copy of your CERTA card.

Have you successfully completed ARSC Basic Plus Training within the past year? Yes No Date completed: _____

Are you OSHA 10 Hr. Certified? Yes No Date Certified: _____

Are you OSHA 30 Hr. Certified? Yes No Date Certified: _____

Do you presently have any other certification cards? (i.e. Gulf Coast Safety Classes, Industrial Plant, Site Specific, CPR etc.)

Please list all certifications (we will need a copy of each at time of hiring): _____

REFERENCES:

(Please list two references other than relatives or previous employers)

Name	Occupation	Address	Telephone
Name	Occupation	Address	Telephone

EMPLOYMENT HISTORY:

Are you currently employed? Yes No If yes, may we contact your present employer? Yes No

Current Employer Information: Name of Company: _____

Contact Person: _____ Phone Number: _____

List former employment starting with most recent (Minimum of at least 3)

Employer		Dates Employed		Job Duties		
		From	To			
Address						
Telephone	Supervisor	Hourly Rate/Salary		Reason for leaving	Position	May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer		Dates Employed		Job Duties		
		From	To			
Address						
Telephone	Supervisor	Hourly Rate/Salary		Reason for leaving	Position	May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer		Dates Employed		Job Duties		
		From	To			
Address						
Telephone	Supervisor	Hourly Rate/Salary		Reason for leaving	Position	May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No

Specialized Skills:

(Complete this section when applying for Office Administration/Estimator /Project Management /Superintendent position)

Typing: <input type="checkbox"/> Yes <input type="checkbox"/> No wpm: _____	10 Key Calculator: <input type="checkbox"/> Yes <input type="checkbox"/> No	Mac: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Indicate Skill Level:									
	None	Basic	Intmd	Adv		None	Basic	Intmd	Adv
Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power Point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Did you complete the application yourself? Yes No If no, who completed? _____

QUALIFICATIONS AND PHYSICAL DATA:

Qualifications for sheet metal workers, roofers, or laborers include but are not limited to the following: Must have roofing and/or sheet metal experience; have full range of mobility in upper and lower body; ability to work in various positions, including, but not limited to stooping, standing, bending over, sitting, kneeling, and squatting for extended periods of time; ability to work in direct sunlight and cold for extended periods; ability to work with hot asphalt and torch (open flame) applications; ability to work on rooftops and from ladders in a safe manner; ability to lift (90+lbs.), pull, and push material and equipment to complete assigned job tasks; must have basic tools (at time of interview).

Do you have any physical limitations that would prevent you from performing work for which you are being considered? Yes No

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Hy-Tech Roofing Services, Inc. (hereinafter called "the Company"), I agree that:

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated) and others, perform a background check, and hereby release the Company from any liability as a result of such contact.

I also understand that (1) the Company has a drug and alcohol policy that provides a drug free work place as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that my employment with the Company can be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant _____ Date _____

This Company is an equal 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 this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our Company.