



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name			Date:		
Address		City	State	Zip	
Phone #			Date of Birth		
Referred By			Email:		

EMPLOYMENT

DESIRED COMPANY: **CHERRY ROOFING (Residential)** ☐ **ROOF TOPPERS (Commercial)** ☐

POSITION	DATE YOU CAN START		SALARY DESIRED	
ARE YOU EMPLOYED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?	YES <input type="checkbox"/> NO <input type="checkbox"/>
EVER APPLIED WITH US BEFORE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	WHEN?	EVER WORKED HERE BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>

EDUCATION HISTORY

SCHOOL NAME	LOCATION	YEARS ATTENDED	Year Graduated	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL INFORMATION

Special Study/Skills Training	
US Military or Naval Service	Rank

FORMER EMPLOYERS

Month & Year	Name & Address of Employer		Position	Reason for Leaving
From / To				
From / To				
From / To				

References

Give below the names of three persons not related to you whom you have known at least 3 years.

Name	Phone	Business	Years Known

Authorization

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws”

Date

Signature

DO NOT WRITE BELOW THIS LINE

Interviewers Remarks

Interviewed By

Date

Neatness		Character	
Personality		Ability	
Hired	Position	Will Report	Salary Wages