

# Application for Employment

## Highland Roofing Company, Inc.

4007 Produce Road  
Louisville, KY 40218-3007  
(502) 968-2009  
Fax: (502) 968-3090  
www.highlandroofing.com

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

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

**Position Applied For:** \_\_\_\_\_

**Attention:**

Unless you are applying for a clerical position, you must submit to a ten-panel drug screen, conducted by a licensed physician, before you can be hired. This drug screen can detect marijuana use for over 30 days and has safeguards against various means of masking substance abuse. Further, Highland Roofing Company, Inc. will choose the time for you to submit to the urine drug screen.

If you fail the drug screen, you will not be considered for employment now or at any future time.



I understand that I will not be hired if I fail the drug screen.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**APPLICATION FOR EMPLOYMENT**

Date: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Referred by: \_\_\_\_\_ Date Available for Work: \_\_\_\_\_

**INSTRUCTIONS:**

Please read carefully. Every item on this form must be answered to the best of your ability. Please print and use a pen. Your qualifications will be carefully reviewed and you will be given thorough consideration for any suitable vacancy. Upon employment, this application will become part of your permanent record with this company. Keep this in mind as you complete it. Special Note: You are not required to supply any information that is prohibited by Federal, State, or Local law. We are an Equal Opportunity Employer. You may request assistance to complete this application.

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**PERSONAL**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
                    First                      M.I.                      Last

Street: \_\_\_\_\_ P.O. Box \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_

If younger than 18, state age here \_\_\_\_\_ Are you legally entitled to work in the United states? \_\_\_\_\_

Have you ever been convicted of a felony? YES / NO If yes, explain \_\_\_\_\_

Do you have a valid driver's license? YES / NO License # \_\_\_\_\_ State \_\_\_\_\_

Have you ever been convicted of a moving traffic violation? YES / NO If yes, list all here: \_\_\_\_\_

Have your driving privileges ever been revoked or suspended? YES / NO If yes, list all here: \_\_\_\_\_

Do you have a Commercial driver's license? YES / NO

\*\* Compliance with I-9 requirements is mandatory, upon employment.

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**EDUCATION**

**High School** (Name & Address) \_\_\_\_\_

Did you graduate? \_\_\_\_\_ If no, last grade completed \_\_\_\_\_ G.E.D Obtained? \_\_\_\_\_ Grade Average \_\_\_\_\_

**College** (Name & Address) \_\_\_\_\_

Did you graduate? \_\_\_\_\_ If no, number of hours completed \_\_\_\_\_ Degree Obtained? \_\_\_\_\_  
Grade Point Average \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_  
If attending, date of graduation \_\_\_\_\_

Other Education: \_\_\_\_\_  
\_\_\_\_\_

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**MILITARY**

List service in U.S. Military: From \_\_\_\_\_ To \_\_\_\_\_ Branch \_\_\_\_\_

Rank at Discharge \_\_\_\_\_ Military Experience that may be applicable: \_\_\_\_\_  
\_\_\_\_\_

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**GENERAL EMPLOYMENT INFORMATION**

1. List here all of the equipment with which you have experience and training:  
\_\_\_\_\_  
\_\_\_\_\_
2. Please use this space to list any special skills you may have that relate to the position applied for:  
\_\_\_\_\_  
\_\_\_\_\_
3. Were you previously employed by this company? \_\_\_\_ If yes, when \_\_\_\_ to \_\_\_\_.
4. Salary Expected \_\_\_\_\_ hour \_\_\_\_\_ or week \_\_\_\_\_  
Number of hours available per week \_\_\_\_\_.
5. Type of employment sought: \_\_\_\_ regular full time \_\_\_\_ regular part time \_\_\_\_ temporary  
\_\_\_\_ seasonal \_\_\_\_ as needed \_\_\_\_\_.
6. Which of these times are you available:  
Days: \_\_\_\_\_ Nights: \_\_\_\_\_  
Weekends : \_\_\_\_\_ Holidays: \_\_\_\_\_
7. Are there any hours or days that you are unable to work? YES / NO  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
8. List names of relatives currently in the employ of this company:  
\_\_\_\_\_  
\_\_\_\_\_

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**EXPERIENCE**

List Below all present and past employment, beginning with your most recent employer.

1. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_  
Address \_\_\_\_\_ Last Salary \_\_\_\_\_  
Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Dates Employed \_\_\_\_\_ to \_\_\_\_\_

For Job Reference, call \_\_\_\_\_  
Please do not contact this employer. Why Not? \_\_\_\_\_

2. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_  
Address \_\_\_\_\_ Last Salary \_\_\_\_\_  
Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
For Job Reference, call \_\_\_\_\_  
Please do not contact this employer. Why Not? \_\_\_\_\_

3. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_  
Address \_\_\_\_\_ Last Salary \_\_\_\_\_  
Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
For Job Reference, call \_\_\_\_\_  
Please do not contact this employer. Why Not? \_\_\_\_\_

4. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_  
Address \_\_\_\_\_ Last Salary \_\_\_\_\_  
Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
For Job Reference, call \_\_\_\_\_  
Please do not contact this employer. Why Not? \_\_\_\_\_

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**In the following space, please describe briefly why you are applying for this position:**

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#### CONDITIONS OF EMPLOYMENT

To Applicant: Read this information carefully and sign below

***“Highland Roofing Company, Inc. does not discriminate on the basis of race, color, religion, sex, national origin, citizenship, age, marital status, or disability.”***

- I. The facts as stated on this application are true and correct. I understand that, if employed, false statements on this application may cause my immediate dismissal

- II. I authorize such background and personal reports as deemed necessary to verify that the information I have supplied is true and accurate and to determine my fitness for this job. A copy of this authorization is as valid as the original.
- III. I understand that I may be required to work overtime as a condition of being employed here.
- IV. In consideration of my employment, I agree to conform to the rules and regulations for employees. I understand that my employment and compensation can be terminated with or without cause, at any time, at the option of either this company or me. I understand that no representative of this company has any authority to enter into any verbal agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.
- V. I understand that I may be required to submit to a pre-employment and post-employment test for fitness, honesty, and / or substance abuse if not prohibited by law.
- VI. Upon separation of employment, I authorize this company to withhold from my final pay check any monies owed to them by me.

Date \_\_\_\_\_ Signature \_\_\_\_\_

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**AUTHORIZATION FOR CRIMINAL RECORD CHECK**

I am being considered for employment. I authorize their employer representative to conduct a criminal record check. My signature below is a request to any local, state, or federal law enforcement agency to release whatever information is requested by the employer representative.

Sign Here \_\_\_\_\_

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**AUTHORIZATION FOR FINANCIAL RECORD CHECK**

I understand that as a routine part of the selection process the employer may make an inquiry of a credit bureau to determine if I have a financial disability.

Sign Here \_\_\_\_\_

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**AUTHORIZATION FOR EMPLOYMENT REFERENCE CHECK**

Please list below two business references who can attest to your skills, knowledge, and experience, that will contribute to your success in the position for which you are applying.

NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_

OCCUPATION \_\_\_\_\_

OCCUPATION \_\_\_\_\_