



Wagner Roofing Company

Application for Employment

All applicants will be considered based upon their qualifications without regard to race, sex, religion, age, national origin, disability, marital status or other legally prohibited criteria. To be considered for employment, you must fill in ALL information requested below.

Position(s) Applied for: _____ Soc. Sec. #: _____

Name (Last) _____ (First) _____ (Middle) _____ Phone #'s: (h) _____
 (w) _____

Street Address _____ City _____ State _____ ZIP code _____

1. Have you ever worked under another name? Yes No (give name) _____
2. How did you hear about us? Radio Advertisement Newspaper Advertisement Private Agency
 Job Fair Internet Wagner Roofing Employee Other: _____
3. Are you available to work: Full time Part time Temporary
4. Have you ever interviewed with us before? Yes (mo/yr _____) No
5. Have you ever been employed with us before? Yes (mo/yr _____) No
6. If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
7. Are you legally eligible for employment in this country? Yes No
(Proof of citizenship or immigration status will be required upon employment.)
8. Have you been convicted of a felony in the last seven (7) years? Yes No
9. Do you know any Wagner Roofing employees? Yes No (Name): _____
10. Are you related to any Wagner Roofing employees? Yes No (Name/relationship): _____

Education/Training				
Type of Degree or Certificate	Course of Study	Date Completed (mo./year)	School Name	City, State

What knowledge, special skills, training, apprenticeship, and individual capabilities do you have that you feel qualify you for the position for which you've applied?

Work Experience (Start with your present or most recent job.)				
Dates employed (month/year)		Employer:		Address:
Job title:		Supervisor:		Phone number:
Beginning salary:	Ending salary:	Reason for leaving:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of job and duties:				
Dates employed (month/year)		Employer:		Address:
Job title:		Supervisor:		Phone number:
Beginning salary:	Ending salary:	Reason for leaving:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of job and duties:				
Dates employed (month/year)		Employer:		Address:
Job title:		Supervisor:		Phone number:
Beginning salary:	Ending salary:	Reason for leaving:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of job and duties:				

Other Qualifications (Summarize special job-related skills/qualifications acquired from employment).

I certify that the information provided on this application is true and complete. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I also understand that I am required to abide by all rules/regulations of the company

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Wagner Roofing Company is of an **“at will”** nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at-will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this company.

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Signature of Applicant

Date