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APPLICATION FOR EMPLOYMENT

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

ABOUT YOU

Last Name _____ First name _____ M.I. _____

Street Address _____

City _____ State _____ Zip _____

Are you 21 years of age or older? _____

Telephone _____ Email _____

JOB INFORMATION

Position applied for _____ Location _____

When can you start _____ Desire Wage \$ _____

How did you hear of this opening _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?

(You may be required to provide documentation.) Yes No

Are you looking for full-time employment? Yes No If no, please list hours you are available:

Do you have a driver's license? Yes No

This may not be required, depending on the position for which you are applying.

May we contact the Department of Motor Vehicles to access your driving record? Yes No

This may not be required depending on the position for which you are applying.

Have you ever been convicted of a felony? Yes No

This will not necessarily affect your application.

If yes, please describe conditions: _____

Can you perform the essential functions of the position for which you are applying? Yes No

If you have any questions as to what functions are applicable to the position for which you are applying, please ask a White Castle Roofing employee before you answer the question.

If no, please explain:



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EDUCATION

Level	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
College	_____	_____	_____	_____
Post-College	_____	_____	_____	_____
Other Training	_____	_____	_____	_____

In addition to your work history, are there other skills, qualifications, or experiences we should consider?

EMPLOYMENT HISTORY

Please start with your most recent employer

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date End _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____

Reason for leaving? _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date End _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____

Reason for leaving? _____



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ADDITIONAL EMPLOYMENT HISTORY

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date End _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____

Reason for leaving? _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date End _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____

Reason for leaving? _____

TERMS OF ACCEPTANCE

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will", which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

Signature _____

Date _____