. APPLICATION FOR EMPLOYMENT (PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION								
				DATE				
NAME SOCIAL SECURITY NUMBER					URITY	Ę		
TRAL	FIRST	MO	OTE .	•				
PRESENT ADDRESS	धारुष		CITY		STATE ZP			
PERMANENT ADDRESS			an/			_		
PHONE NO.	Σास्ट्रह्म 	YOU 18	YEARS OR OLD		STATE ZEP No.17	-		
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes No								
EMPLOYMENT DESIRED								
POSITION			DATE YOU SALARY OAN START DESIRED					
ARE YOU EMPLOYED NOW? IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?						HIRST		
EVER APPLIED TO THIS COMPANY BEFORE?			WHERE?		WHEN?			
REFERRED BY								
EDUCATION	NAME AND LOCATION OF SCHO	OL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED			
· GRAMMAR SCHOOL								
HIGH SCHOOL			•			MI .		
COLLEGE		•				- ETOCIIM		
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	•							
GEWERAL SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK								
	·	4. 4.			•			
SPECIAL SKILLS						<u>.</u>		
ACTIVITIES: (CIVIO, ATHLETIC, ETC.) EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.								
U.S. MILITARY OR NAVAL SERVICE	PRESENT MEMBERSHIP IN RANK NATIONAL GUARD OR RESERVES							

^{*}This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOG on July 26, 1991.

LOUMES EMBLORE	RS (LIST BELOW LAST	THREE EMPLOYERS, ST/	ARTING WITH LA	AST ONE FIRST).						
DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER		SALARY	POSITION	REASON FOR LEAVING					
FROM				· .						
TO										
FROM										
TO "	•	· · · · · · · · · · · · · · · · · · ·	<u> </u>	•						
FROM ·										
TO					· · · · · · · · · · · · · · · · · · ·					
FROM TO		•								
		 	<u> </u>							
	WHICH OF THESE JOBS DID YOU LIKE BEST?									
WHAT DID YOU LIKE MOST ABOUT THIS JOB?										
REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.										
NAME		ADDRESS		BUSINESS	YEARS AGGUAINTED					
1 .				.:						
5	٠.			•	•					
3										
THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS, (Filtin name of state) IT IS UNLAWFUL IN THE STATE OP. TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY. IN CASE OF SIGNATURE IN CASE OF MARKE ADDRESS PHONE NO. IT CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISSEPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION OAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION, I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT DOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN THE PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."										
DO NOT WRITE BELOW THIS LINE										
INTERVIEWED BY		•		D	ATE .					
BEMARKS:		- •								

NEATNESS ·			ABILITY							
HIREO: 🗆 Yes 🗆 I	☐ Yes ☐ No POSITION		· · · · · · · · · · · · · · · · · · ·	DEPT.						
SALARY/WAGE	DATE REPORTING TO WORK "									
APPROVED: 1, 2. 3. GENERAL MANAGER EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANAGER										
<u> </u>	MPLOYMENT MANAGER	DEP	i. HEAU	GEN	IERAL MANAGER					

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This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. 10PS essumes no responsibility for the inclusion in said form of any questions which, when eaked by the Employer of the Job Applicant, may violate State and/or Federal Law.

PERSONAL HISTORY

1. What type of construction history, if any do y	ou have?		
2. Do you have any roofing experience?			
3. Have you ever done any metal roofing or any	type of metal work?		
4. If yes to either of the above, has either been in	the commercial or industrial field?		
5. Have you ever had any supervisor experience	· ·		
6. Do you mind hot/cold weather, long hours, tr	eveling, working Saturdays?		
7. Are you interested in laborer position only or position (Supervisor)?	do you want to work up to a higher		
We are looking for long term employees, are you looking for a long term job?			
9. Are you team oriented?	•		
Signature	Date		