

Application For Employment

We Are An Equal Opportunity Employer

Please Print

Last Name	First Name	Middle Initial	Social Security Number
Address	City	Zip Code	Phone Number

WORK EXPERIENCE - LIST MOST RECENT JOB FIRST

From	Employer's Name/Address/Telephone	Start Pay	Job Title
To		Last Pay	Reason for Leaving

Describe the Work You Did _____

From	Employer's Name/Address/Telephone	Start Pay	Job Title
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GENERAL INFORMATION

What position are you applying for? _____ Full Time? [] Part Time? []

When are you available to start work? _____ Are you willing to work overtime? Yes [] No []

Are you at least 18 years old? Yes [] No []

If not, can you provide a valid Work Permit, high school diploma, or equivalent? Yes [] No []

What languages do you speak, read, or write fluently? _____

If hired, can you verify that you have the legal right to work in the United States? Yes [] No []

Do you have any special skills, training, or experience which may help you qualify for this job? Yes [] No []

If so, please explain _____

Do you have a reliable means of transportation to get to work? Yes [] No []

Are there any times during the week that you are not available to work? Yes [] No []

If so, please explain _____

Do any of your relatives work for this company? Yes [] No [] If so, who? _____

Have you ever worked for this company before? Yes [] No [] If so, when? _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? Yes [] No [] (NOTE: Conviction will not necessarily disqualify applicant)

If so, please explain _____

How did you find out about this job? _____

CERTIFICATION AND ACKNOWLEDGMENT

I certify that the information provided herein is true and correct to the best of my knowledge. I understand that, if employed, falsified statements on this Application for Employment form will be considered grounds for termination.

I authorize the company to thoroughly investigate my work experience and any other matters related to my suitability for employment. I further authorize my former employers to disclose to the company any and all information they may have concerning my previous employment. In addition, I hereby release the company, my former employers, and all other persons from any and all claims, demands, or liabilities arising out of, or in any way related to, such disclosure.

I acknowledge that, if employed, both the company and I have the right to terminate the employment relationship at any time, with or without cause or advance notice. This employment at will relationship will remain in effect throughout my employment with the company and may not be modified by any oral or implied agreement.

Applicant's Signature	Date
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PERIODS OF EMPLOYMENT

Describe all work experience in detail, beginning with your current or most recent job. Include military service (indicate rank), internships and job-related volunteer work, if applicable. Indicate number of employees supervised. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as on the application. All information in this section must be completed. Resumes may be attached to provide additional information.

1 Name of Present or Last Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No.: (_____) _____

FROM: _____ / _____ / _____ TO: _____ / _____ / _____ HOURS PER WEEK: _____ (_____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason For Leaving: _____

2 Name of Next Previous Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No.: (_____) _____

FROM: _____ / _____ / _____ TO: _____ / _____ / _____ HOURS PER WEEK: _____ (_____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason For Leaving: _____

3 Name of Next Previous Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No.: (_____) _____

FROM: _____ / _____ / _____ TO: _____ / _____ / _____ HOURS PER WEEK: _____ (_____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason For Leaving: _____

KNOWLEDGE / SKILLS / ABILITIES (KSAs)

List KSAs you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s), etc.

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER COVERED EMPLOYEE**, OR THE SPOUSE OR CHILD OF ONE, WHOSE INFORMATION IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER SECTION 119.071(4)(d), FLORIDA STATUTES (F.S.)?

YES NO

**Other covered jobs include but are not limited to: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families [see § 119.071.F.S.].

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR?

YES NO

If "YES", what charges? _____

Where convicted? _____

Date of Conviction: _____

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR?

YES NO

If "YES", what charges? _____

Where? _____

Date: _____

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR?

YES NO

If "YES", what charges? _____

Where? _____

Date: _____

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered [see §112.011, F.S.]

CITIZENSHIP

The state of Florida hires only U.S. citizens and lawfully authorized alien workers. You will be required to provide identification and either proof of citizenship or proof of authorization to work in the U.S.

1. ARE YOU A U.S. CITIZEN?

YES NO

2. IF NO, ARE YOU LEGALLY AUTHORIZED TO ACCEPT EMPLOYMENT WITH THE SPECIFIC HIRING AUTHORITY TO WHICH YOU ARE APPLYING?

YES NO

RELATIVES

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS AGENCY?

YES NO

SELECTIVE SERVICE SYSTEM REGISTRATION

Section 110.1128, Florida Statutes, prohibits the employment of any person who was required to register with the Selective Service System under the U.S. Military Selective Service Act, but failed to do so. Additionally, if currently employed by the State, this law prohibits the promotion of such individuals or the subsequent re-hire, once they have separated from the State.

IF YOU ARE A MALE BORN ON OR AFTER JANUARY 1, 1960, HAVE YOU REGISTERED OR DO YOU HAVE PROOF OF AN EXEMPTION FROM THIS REQUIREMENT (DOCUMENTATION MAY BE REQUIRED)?

YES NO N/A

CERTIFICATION

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Florida state government for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for state employment are public records. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

SIGNATURE: _____

DATE: _____

P A ROOFING AND SHEET METAL

MIAMI

ORLANDO

RALEIGH

Employee Name: _____

Date: _____

Social Security #: _____

Height: _____

Weight: _____

1. Do you now have, or have you ever had, any of the following?

	Yes	No	
Epilepsy			Convulsions, seizures
Diabetes			What Medication:
Cardiac (heart) disease			
Meniscoctorny			Innarmnation of cartilage of certain joints e.g. knee
Amputation:			Leg, Foot, Arm or Hand
Polio (Poliomyelitis)			
Cerebral Palsy			
Multiple Sclerosis			
Parkinson's Disease			
Patellectomy			Surgically removed kneecap
Total/Partial loss of sight:			In one or both eyes or a partial loss of corrected vision of more than 75 % bilaterally
Back or neck injuries			doctor's opinion and resulted in disability over a total of
Ruptured cruciate ligament			
Hemopilia			
Chronic osteomyelitis			Infection in bone
Surgical/spontaneous fusion			On a major weight-bearing joint (frozen joint)
Hyperinsulinism			
Muscular Dystrophy			
Thrombophlebitis			
Hemialed Intervertebral Disk			
Removed intervertebral disk			Or spinal fusion
Total deafness			
Obesity			(30% or more overweight)

2.) Have you previously received workers' compensation for an on-the job injury?

If Yes, please write why, when & where:

3.) Have you ever received a disability rating or had one assigned to you by an insurance company or slate/federal agency?

If Yes, state percentage:

4.) Have you ever injured or sprained your back?

If Yes, did you have surgery?

If you had surgery, please give details:

5.) Have you ever injured or sprained your neck?

If Yes, did you have surgery?

If you had surgery, please give details:

6.) Have you ever Injured/Sprained your knee?

If Yes, did you have surgery?

If you had surgery, please give details:

7.) Please list any other type of surgery not mentioned above:

8.) Do you have arthritis?

If Yes, what parts of the body are affected?

Are you on medication for arthritis?

The infonnation on this form shall not be used to discriminate against a qualified individual with a disabiuty because of the existenc of the disability in regard to the following: job application procedures, hiring, advancement or discharge of the emp loyee; employee c ompensation; job training and other terms, conditions and privileges of employment.

Under penalty of perjury, I declare that I have read the foregoing and that the facts alleged are true to the best of my knowledge and belief.

Employee Signature : _____

Date: _____

Consent to Obtaining Consumer / Background Checks
Please read carefully before signing

After carefully reading this Background Check Disclosure and Authorization form, I authorize P & A Roofing & Sheet Metal Inc., to order my background check report from a background check company. I understand that (P&A) may rely on this authorization to order additional background check reports during and throughout my employment without asking me for my authorization again.

I also authorize the following agencies and entities to disclose to the background check company and its agents all information about or concerning me, including but not limited to: my past employers or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle record agencies; all other private and public sector repositories of information; and, any other person, organization or agency with any information about or concerning me. This information that can be disclosed to the background check company and its agents including but not limited to; information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, drug test results, military service, professional credential, and all other information requested by the background check company or its agents.

I also authorize (P&A) to share the background check reports with its agents.

I agree that a facsimile, email pdf, or a photocopy of this form is valid just like the original form.

I promise that all my personal information on this form is true and correct and understand that dishonesty will disqualify me from consideration for employment with (P&A), or if I am hired or already work for (P&A) that dishonesty is grounds for immediate termination.

I accept the terms and conditions contained within this employment application NO - ___ YES - ___

Name: _____ SSN: _____

Signature: _____ Drivers Lic # _____

Today's Date: _____ Date of Birth: _____