

APPLICATION FOR EMPLOYMENT



COMMERCIAL ROOFING & WATERPROOFING HAWAII INC.
94-260 PUPUOLE ST., WAIPAHU, HI 96797
P: (808) 841-7246 F: (808) 841-0053
www.commercialroofinginc.com
LICENSE: BC-18179

*We greatly appreciate your interest in our organization and assure you that we consider applications for all positions as an equal opportunity employer. We do not discriminate on the basis of age, race, color, religion, creed, gender, national origin, reproductive health decision, disability, marital status, sexual orientation, credit history, arrest and court records, military service or any other protected category recognized by Hawaii and/or federal laws. Please note that employees will be required to submit to drug testing both prior to their first day of employment and during the scope of their employment. **We are a Drug Free Workplace.***

(Please Print)

Position(s) applied for:			Date of Application:		
How did you hear about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend (friend's name) <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative (relative's name) <input type="checkbox"/> Other _____					
Last Name		First Name		Middle Name	
Street Address		City		State	Zip Code
Home Phone:		Cell Phone:		Email:	

Are you at least 18 years old? Yes No Best time to contact you at home is: _____:_____

Have you ever filed an application with us before? If yes, provide date _____ Yes No

Have you ever been employed with us before? If yes, provide date _____ Yes No

Do any of your friends, relatives, other than spouse, work here? _____ Yes No
If yes, state name, relationship _____

Are you currently employed? _____ Yes No May we contact your present employer?..... Yes No

Are you legally eligible for employment in the USA? *Proof of work authorization status will be required upon employment* Yes No

Date available for work _____ Full time Part time Temporary

Are you currently on "lay-off" status and subject to recall _____

Many field roofing positions require employees to transport themselves directly to job site, which might also be outside the range of public transportation. Some field positions require an employee to drive a company vehicle. Do you have a valid Driver's License? Yes No

If yes, what state? _____ CDL License? Yes No If yes, what class? _____ Can you travel if the job requires it? Yes No

What is your primary form of transportation to and from work? Personal vehicle Carpool Public transportation

Your form of transportation will be considered only as it relates to the job in question.

Have you been convicted of a felony? Explain if so _____ Yes No
A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.

COMMERCIAL TRADE EXPERIENCE:

EPDM/Rubber Modified Bitumen Sheet Metal Installation Metal Roofing Green/Vegetative Roofs
 Thermoplastic/TPO/PVC Sheet Metal Fabrication Built-Up/Asphalt Wall Panels Solar Panels
 Repair/Maintenance Other(specify) _____

RESIDENTIAL TRADE EXPERIENCE:

Shingles Slate/Tile Cedar Shakes Gutters/Downspouts Solder Solar Panels Other _____

TRADE SKILLS/CERTIFICATIONS:

Mop Asphalt Boom Truck Operation Roof-Related Perimeter Metal Work

SAFETY CERTIFICATIONS: *Accident Prevention and your Safety Protection is our culture.*

OSHA 10hr__ 30hr__ CPR Aerial Arm Forklift Crane Other Safety-Related Training (specify) _____

<p>Physical requirements and Essential Job Functions of a Field Position:</p> <ul style="list-style-type: none"> Ability to lift 50 lbs regularly, 100lbs as needed, often bulky items Ability to stand/walk, pull, bend over, & work on knees consistently Ability to work at heights and use ladders Physically able to tolerate work outdoors at varying temperatures 	<p>Are you capable of physically performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job (detailed left) for which you have applied?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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WE ARE AN EQUAL OPPORTUNITY EMPLOYER: INCLUDES BUT NOT LIMITED TO PROTECTED VETERANS, MINORITIES, WOMEN, DISABLED, AND ACTIVE MILITARY.

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EDUCATION

School	Name & Address of School	Course of Study	Diploma/Degree
High School			
Undergraduate College			
Vocational/Professional			

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected statuses.

Employer	Dates Employed		Work Performed
Phone	From	To	
Address			
Job Title	Supervisor		
Reason for Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Dates Employed		Work Performed
Phone	From	To	
Address			
Job Title	Supervisor		
Reason for Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Attach resume or additional pages if necessary

Please indicate any additional job-related experience or information: _____

REFERENCES Do not include family members. By listing these references you are giving us permission to contact them directly.

Name	Phone Number	Best Time to Call	Occupation
1.)			
2.)			
3.)			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by the applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the 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 organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

By signing below, I acknowledge the above statement, I have read and agree,

Signature of Applicant

Date