

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER – South Central Roofing Inc. is an Equal Opportunity Employer and complies with all applicable Federal and State laws and regulations. SCR does not discriminate against any person(s) because of age, race, color, creed, religion, disability, gender, ethnic or national origin, or veteran status. SCR will reasonably accommodate applicants with a disability, upon request, and will also ensure reasonable accommodations for employees with a disability.

PERSONAL INFORMATION

DATE

NAME (LAST NAME FIRST)	DRIVERS LICENSE #	SOCIAL SECURITY #	Birth date
_____	_____	____ - ____ - ____	____/____/____
PRESENT ADDRESS	CITY	STATE	ZIP CODE
_____	_____	_____	_____
PHONE # (S) DAY () _____	EVENING () _____	REFERRED BY: _____	

EMPLOYMENT DESIRED

POSITION _____	DATE YOU CAN START _____	SALARY DESIRED \$\$ _____
ARE YOU EMPLOYED? _____ YES _____ NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____ YES _____ NO	
APPLIED TO THIS COMPANY BEFORE? _____ YES _____ NO WHEN? _____	WORKED FOR THIS COMPANY BEFORE _____ YES _____ NO WHEN? _____	

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY / RESEARCH WORK / SPECIAL TRAINING / SKILLS

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ YES _____ NO IF YES give date, place, offense, and outcome.

Previous convictions do not necessarily disqualify an applicant from employment
U.S. MILITARY / NAVAL SERVICE: _____ RANK: _____
ARE YOU WILLING TO TAKE A DRUG SCREEN TEST? _____ YES _____ NO

FORMER EMPLOYERS

DATE MONTH & YR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM _____ TO _____	_____	_____	_____	_____
FROM _____ TO _____	_____	_____	_____	_____
FROM _____ TO _____	_____	_____	_____	_____

REFERENCES OTHER THAN FAMILY OR PAST EMPLOYERS

NAME	PHONE #	RELATIONSHIP	YRS KNOWN
_____	() _____	_____	_____
_____	() _____	_____	_____
_____	() _____	_____	_____

AUTHORIZATION

I also understand that SCR is an "at will" company, and agree that no representative of the company has any authority to enter into an agreement for employment for any specified period or time, or to make an agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I voluntarily authorize SCR to obtain a background screening report in connection with my application and/or for decisions regarding offers of employment or continued employment.

I authorize verification of all statements contained herein and the references and employers listed above may have, personal or otherwise, and release the company of all liability for any damage that may result from utilization of such information.

BY SIGNING BELOW, YOU INDICATE THAT YOU HAVE READ AND FULLY UNDERSTAND SOUTH CENTRAL ROOFING'S POLICY REGARDING FALSIFIED INFORMATION AND BACKGROUND SCREENING.

DATE _____ SIGNATURE _____

DRUG AND ALCOHOL SCREENING POLICY

Any person seeking employment with South Central Roofing Inc., will be required to take a pre-employment Drug and Alcohol Screening Test. ****NEW HIRES WILL BE REQUIRED TO PAY ALL TESTING COSTS UP FRONT. PLEASE KEEP ALL RECEIPTS FROM TESTING COMPANY AND RETURN TO SCR OFFICE FOR REIMBURSEMENT. ONCE YOU ARE EMPLOYED, YOU WILL BE REIMBURSED ON YOUR FIRST PAYCHECK, IF TEST RESULTS ARE NEGATIVE (PASSING).**

Any employee who refuses to participate in the Random Drug and Alcohol Screening Test will be immediately terminated. In the event that you are randomly selected to take a Drug and Alcohol Screen and you fail, you will be given the opportunity to retake the Test 30 days from the date of the failed test. If upon taking the second Drug Screen, you fail, you will be immediately terminated.

South Central Roofing Inc., will pay for all random Drug and Alcohol Screens given, with the exception of failed Tests. Employees will be responsible for payment of any failed Test. In the event that you do not pass the random Drug Screen and are required to take a second Screen in 30 days, you will be responsible to pay for the failed Screen. **FAILURE TO COMPLY WITH THIS POLICY WILL BE GROUNDS FOR IMMEDIATE TERMINATION. BY SIGNING BELOW, YOU INDICATE THAT YOU HAVE READ AND FULLY UNDERSTAND SOUTH CENTRAL ROOFING'S DRUG AND ALCOHOL POLICY.**

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

REMARKS

INTERVIEWED BY _____ DATE _____

NEATNESS _____ CHARACTER _____

PERSONALITY _____ ABILITY _____

HIRED _____ POSITION _____ START DATE _____

HOURLY RATE _____ SUPERVISOR _____

NOTICE REGARDING BACKGROUND INVESTIGATION

A consumer report (background screening report) and/or an investigative consumer report which may include information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living, and/or credit and indebtedness may be obtained in connection with your application for and/or continued employment with **SOUTH CENTRAL ROOFING, INC.** A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with **SOUTH CENTRAL ROOFING, INC.** You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Safe Hiring Solutions LLC, P.O. Box 295, Danville, IN 46122 888-215-8296.

AUTHORIZATION

By signing below, I, _____, hereby voluntarily authorize **SOUTH CENTRAL ROOFING, INC.** to obtain either a consumer or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment and/or continued employment at **SOUTH CENTRAL ROOFING, INC.** I understand that I have rights under the Fair Credit Reporting Act, including rights discussed above. This report may be delivered in either written or electronic form.

Print Name (last, first, middle)

Social Security Number

Date of Birth (MM/DD/YYYY)
(For ID Purposes Only)

Drivers License Number

Drivers License State

Any other names I have been known by: _____

Current Address: _____

Previous Addresses (Last 7 Years) _____

Signature

Date

Check for CA, MN or OK applicants only, if you would like to receive a copy of the consumer report if one is obtained.