

Alex Roofing Co., Inc.

1644 East 12th Street • Erie, PA 16511
(814) 452-ALEX • (814) 455-3656 Fax

Application Questionnaire

We are an equal opportunity employer licensed to do business with the State of Pennsylvania. Please answer the following questions truthfully. Falsification of information will lead to the disqualification of your application.

Name: _____
Address: _____

Date: _____
Phone: _____

Do you have a valid Driver's License?

- Yes
 - Standard Class C: DL State: _____ Number: _____
 - Commercial DL: DL State: _____ Number: _____
 - Do you own or have a vehicle to use to get to and from work? _____
- No. If no, how would you get to and from work? _____

Are you able to report to work on out of state projects in both Ohio and New York?

(These projects are usually within a one hour driving location from me. Overnight stays are not usually required.)

- Yes
- No
 - I am currently under a legal restrictions to stay within the state of Pennsylvania.
 - I do not have transportation to and from jobsite locations out of the immediate area.

Have you completed OSHA 10-hour Safety Program training?

- Yes
 - State Completed in: _____ Date: _____
 - Do you have the course completion certification card? _____
- No

Have you ever been found guilty of willful misconduct with safety while working on a jobsite by OSHA?

- Yes _____
- No _____

Answering yes to any of these questions will NOT disqualify you from employment. For any questions in which you answered yes, please give an explanation for the answer.

1. Do you have any existing health problems which may inhibit or limit you from completing the daily tasks associated with the job you are applying for?
 Yes _____
 No _____
2. Do you have any existing injuries which may be re-aggravated while performing the work associated with the job you are applying for?
 Yes _____
 No _____
3. Do you smoke? Do you use illegal narcotics or drugs of any kind?
 Yes Yes
 No No Have you used these in the past? _____
4. Do you currently have a DUI and/or criminal record?
 Yes _____
 No _____
5. Do you have obligations to report for periodic court hearings, etc. which will cause you to miss or have to leave work?
 Yes. _____
 No _____

Experience – Please answer “yes” or “no” after the following types of roofing experience. Please note the company you were working for as well as the number of years for each type of roofing you have checked yes for.

		<u>Number of Years</u>	<u>For What Company</u>
Built-up roofs, coal tar pitch, asphalt roofing	<input type="checkbox"/> Yes	_____	_____
	<input type="checkbox"/> No		
Rubber (EPDM) systems	<input type="checkbox"/> Yes	_____	_____
	<input type="checkbox"/> No		
Torch-applied Modified roofs	<input type="checkbox"/> Yes	_____	_____
	<input type="checkbox"/> No		
Asphalt-applied Modified roofs	<input type="checkbox"/> Yes	_____	_____
	<input type="checkbox"/> No		
PVC Membrane-Heat weld systems	<input type="checkbox"/> Yes	_____	_____
	<input type="checkbox"/> No		
Standing Seam / Metal roofing	<input type="checkbox"/> Yes	_____	_____
	<input type="checkbox"/> No		
Shingles	<input type="checkbox"/> Yes	_____	_____
	<input type="checkbox"/> No		
General Labor Experience (roofing or other)	<input type="checkbox"/> Yes. Please explain: _____		
	<input type="checkbox"/> No		

Please list any vehicles and/or machinery you feel you are adequately trained or experienced to operate.

Employment History – Please list employment beginning with the most current.

Company Name: _____ Phone: _____
 Direct Supervisor: _____ May we Contact? _____
 Start Date: _____ Beginning Wage: _____
 Ending Date: _____ Ending Wage: _____
 Duties: _____
 Why did your employment cease with this employer? _____

Company Name: _____ Phone: _____
 Direct Supervisor: _____ May we Contact? _____
 Start Date: _____ Beginning Wage: _____
 Ending Date: _____ Ending Wage: _____
 Duties: _____
 Why did your employment cease with this employer? _____

Education – Please list any training and/or education you feel is beneficial to the job you are applying for.

School/Institution: _____ Length of Training: _____
 Training: _____

Other – Please list personal and professional references complete with phone numbers as well as any other information you feel would be beneficial for us in considering you for employment. _____

What hourly pay range do you feel that you deserve or need if hired?

7.00/8.00 9.00/10.00 11.00/12.00 13.00/14.00 15.00/16.00 Other _____

The information I have listed on this application is truthful to the best of my knowledge. I acknowledge that Alex Roofing and its subsidiaries have the right to verify all information for accuracy.

Signature _____

Date _____

Position Applying For _____