



ALLIANCE ROOFING

GENERAL CONTRACTING | ROOFING | WATERPROOFING

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

PERSONAL		Today's Date
Full Name (Last, First, Middle)		Phone Number ()
Address (Street, City, State, Zip)		Other Contact Number ()
Are You At Least 18 Yrs. Old? <input type="checkbox"/> Yes <input type="checkbox"/> No	If You Are Offered And Accept a Job, Can You Submit Proof Of Your Legal Right to Work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	

POSITION DESIRED

Type Of Position Desired	Date Available	Compensation Desired
How Did You Learn Of Us?		
Have You Been Employed With A Union Before? (If yes, give dates, position and location) <input type="checkbox"/> YES <input type="checkbox"/> NO		

EDUCATION AND TRAINING

Check Last	GED	High School	College	Graduate School			
Level Completed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

NAME OF SCHOOL(S)	LOCATION	MAJOR	DEGREE

List Any Special Skill(s), Vocational, And/or Professional Information.				
Circle any certifications you possess:				
CPR	Crane Operator	Ladder Use	OSHA 10hr.	Torch use (for 1 ply)
First Aid	Rigging for Crane	Fall Protection	OSHA 30hr.	Fire Extinguisher
Aerial Lifts	Forklift	Safety Monitor	Scaffold Inspector	Other: _____

630 Martin Avenue, Santa Clara, CA 95050 · Office: 408.261.2595 · Fax 408.261.2657 · Contractors License #487205

This employer participates in E-Verify

EMPLOYMENT HISTORY

Please list present or last employer first. Please fill out completely, even if resume is attached

Employer			Immediate Supervisor		
Position Title			Have You worked for This Company Under a Different Name? <input type="checkbox"/> YES _____ <input type="checkbox"/> NO		
Address				Phone Number ()	
DATES WORKED	From (MM/YY)	To (MM/YY)			
Give a Brief Description of Duties					
Reason For Leaving			Any preference about when we may contact this employer?		
Please Account for Any Period Between Jobs					

Employer			Immediate Supervisor		
Position Title			Have You worked for This Company Under a Different Name? <input type="checkbox"/> YES _____ <input type="checkbox"/> NO		
Address				Phone Number ()	
DATES WORKED	From (MM/YY)	To (MM/YY)			
Give a Brief Description of Duties					
Reason For Leaving			Any preference about when we may contact this employer?		
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Employer			Immediate Supervisor		
Position Title			Have You worked for This Company Under a Different Name? <input type="checkbox"/> YES _____ <input type="checkbox"/> NO		
Address				Phone Number ()	
DATES WORKED	From (MM/YY)	To (MM/YY)			
Give a Brief Description of Duties					
Reason For Leaving			Any preference about when we may contact this employer?		
Please Account for Any Period Between Jobs					

U.S. MILITARY SERVICE

Please list any specific educational or job experiences you may have acquired during military service that you believe would be useful on the job for which you are applying.

EMPLOYMENT REFERENCES

Please List Three Persons Whom We Can Contact Regarding Your Experience

NAME	TITLE	COMPANY and ADDRESS	BUSINESS PHONE
			()
			()
			()

EMERGENCY CONTACTS

Name of Individual (s)	Relationship	Phone Number	Address (not required)

CERTIFICATION

I certify that any and all statements which I have set forth in this application are true and correct to the best of my knowledge. I also recognize that any mis-statement I have made herein may result in rejection of this application, or if hired, subject me to dismissal. I authorize Alliance Roofing Company, Inc. (ARCI) to make inquiries concerning my previous employment and the information I have provided in this application, and in the event of my employment by ARCI, to provide any other employers, with whom I may subsequently make application, with information concerning my employment. I hereby release ARCI and all persons and employers or prospective employers from any liability on account of or arising out of the exchange of such information. In completing this application for employment, I understand and agree that, if hired, my employment is for no definite period and may be ended at any time, with or without cause. I also understand that no one is authorized to make any promises contrary to this statement.

SIGNATURE

DATE