



# "Pursuing Excellence!"

## APPLICATION FOR EMPLOYMENT

\* The goal of our Company is to achieve and maintain Equal Employment Opportunities. It is the responsibility of all to conform to the letter and the spirit of all applicable Civil Rights Laws.

\* All applications are considered active for 14 days from the date submitted.

### PERSONAL INFORMATION

Full Legal Name			
Address	City	State	Zip Code
PhoneNumber	How did you find out about this position?		
Are you related to any current or past Company employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who?	Relationship?	

### EMPLOYMENT DESIRED

Position	Date Available to Start	Desired Pay
Are you Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	May We Contact Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have You Applied With Us Before? <input type="checkbox"/> Yes <input type="checkbox"/> No When?

### EDUCATION

	Name and Location of School	Graduated?	Course of Study / Degree
Grammar School	Name of School	Yes <input type="checkbox"/> No	
	Location		
High School	Name of School	Yes <input type="checkbox"/> No	
	Location		
College	Name of School	Yes <input type="checkbox"/> No	
	Location		
Other School	Name of School	Yes <input type="checkbox"/> No	
	Location		

### GENERAL

Subjects of Special Study or Research Work
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Have you ever pled guilty to, no contest to, or been convicted of a felony or misdemeanor that was not later annulled, deferred, expunged or sealed in the LAST 10 Years? (NOTE: Answering "yes" does not Automatically bar you from employment. The nature of the offense, the age of the offense, and its relation to the job requirements and work environment will be considered.)

Yes  No If yes, please explain (Including dates and locations).

U.S. Military Service (Indicate Branch)	Rank	National Guard or Reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No
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### REFERENCES (Complete the information below for three individuals not related to you whom you have known at least one year)

1	Name	PhoneNumber	Profession	YearsKnown
2	Name	PhoneNumber	Profession	YearsKnown
3	Name	PhoneNumber	Profession	YearsKnown

Full Legal Name			
Street Address	City	State	Zip Code
Home Phone	Cell Phone	Social Security Number	
Driver's License Number / ID Number (Circle one)	State of Issue w/ Expiration Date	Date of Birth	

**FORMER EMPLOYERS** List your previous employers below, starting with the MOST RECENT first.

**\*\*\*THIS APPLICATION IS MAINTAINED SEPARATE FROM YOUR RESUME, AND MUST BE COMPLETED - "SEE RESUME" IS NOT SUFFICIENT \*\*\***

Date (Month / Year)	Name and Address of Employer	Salary	Position	Reason for Leaving
Start	Name			
End	Address			
Start	Name			
End	Address			
Start	Name			
End	Address			
Start	Name			
End	Address			

"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 authorize investigation of all statements contained herein and the references listed in this application to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing the same to you. I understand and agree that, if hired, my employment is for no definite period, and may, regardless of the date of payment of my wages or salary, be terminated at any time without any prior notice or cause."

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

**\*\*Space for Additional Notes of Interest**

## PRE-EMPLOYMENT CONSENT FORM

This document is to authorize the Company to obtain the necessary background history on any applicant.

I understand and agree that when I sign this document I am authorizing Company to do all necessary background checks. I further understand that if hired for any position this will also authorize Company to perform additional background checks so long as I am employed with the Company. These checks include, but are not limited to, workers' compensation and injury protection, driver's license, credit report, criminal history (felony and misdemeanor), professional license verification, social security verification, previous employment, sexual offender report, and any other investigation that Company feels is necessary or appropriate based on the position for which I am being considered.

### CONSENT FOR DRUG TEST and PHYSICAL

By signing this document, I hereby agree, if given an offer of employment, to submit myself to a drug screening and physical examination. I understand that any offer of employment is contingent on passing both of these examinations. I understand that the Company pays for these examinations and that I am under no obligation to reimburse the company for these fees. I also understand that the company has an interest in hiring me and that they are making this initial investment of the cost of the drug screening and physical examination.

I understand that by signing this document, I am acknowledging that I am not guaranteed employment by the Company.

Printed Name of Applicant	Signature of Applicant
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Thank you for your interest in a Career with Our Company.

Our Company's goal is to achieve and maintain Equal Employment Opportunities. It is the responsibility of all to conform to the letter and the spirit of all applicable Civil Rights Laws.

This Company is an Equal Opportunity Employer and committed to a policy of nondiscrimination based on sex, age, race, marital status, physical ability, religion, ethnicity, ancestry, color, national origin, military service, or any other characteristic protected by applicable law.

It is the policy of Our Company to encourage vendors, contractors, affiliating institutions and others doing business with The Johnson Group, to observe the principles of Equal Employment Opportunity.

Additionally, it is the policy of Our Company to maintain a work environment free from discrimination based on race, color, religious creed, national origin, gender, sexual orientation, age, disability, genetic information, veteran/military status, marital status or other status protected by federal or state law, with regard to any term or condition of employment.

**IMPORTANT:** All information submitted to this Company via an online employment application or in person is secured and held in strict confidence. Your application will not be viewed or acquired by anyone not directly involved in the hiring process for the position (s) available thru our Company.

Thank You and Good Luck!

## DISCLOSURE TO CONSUMER

Johnson Roofing, Inc.

As part of our employment process, we may obtain where permitted, one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as:

iiX, a Verisk Analytics Business  
1716 Briarcrest Drive  
Suite 200  
Bryan, Texas 77802

- Consumer reports may include background, employment history, academic and/or professional credentials, military service, credit history and or drug use history, if any.
- An investigative consumer report may include information about your character, general reputation, personal characteristics and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. This also may include contacts of all listed prior employers to verify your employment history.
- If your employment falls under the federal Department of Transportation (“DOT”) and the Federal Motor Carrier Safety Administration (“FMCSA”), including 49 CFR 391.23, the report could include your driving safety inspection and performance history from the FMCSA.

Under the provisions of the Fair Credit Reporting Act (“FCRA”), 15 U.S.C. 1681 et seq.; FMCSA regulations in the Federal Code of Regulations, including 49 CFR 40.329 ; and certain state laws, before we can seek such reports, where permitted, we must have your written permission to obtain the information.

You have the right, upon written request to a complete and accurate disclosure of the nature and scope of the investigation. You also are entitled to a copy of that document entitled “rights Under the Fair Credit Reporting Act.” Under the FCRA, before we take adverse action on the basis, in whole or part, of information in a consumer report, you will be provided a copy of that report, the name, address and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

## AUTHORIZATION TO OBTAIN INFORMATION

Johnson Roofing, Inc.

I have read and understood the preceding Disclosure to Consumer. Under the Fair Credit reporting Act (“FCRA”), 15 U.S.C. 1681 et seq., the regulations applicable to the federal Department of Transportation’s Federal Motor Carriers Safety Administration, including 49 CFR 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit the above named company to obtain information about me, where permitted, which may pertain to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers’ compensation (post-offer only), alcohol and drug testing, verification of academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand an “investigative consumer report” may include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. I authorize information to be obtained from my former employers to satisfy driver qualification regulations.

DOT Drivers .... I understand that Title 49 of the Federal Code of Regulations 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing History, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer or employer and those who my prospective employer or employer has engaged to request and obtain this information including former employers, and/or from or through a consumer reporting agency, such as iiX, a Verisk Analytics Business.

I understand and acknowledge that the information provided in the consumer reports or investigative consumer reports may assist my employer or prospective employer to make a determination regarding my suitability as an employer.

I further understand that under the FCRA, in the event of Adverse Action, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

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Applicant’s/Employee’s Full Name (Print Clearly)

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Applicant’s/Employee’s Signature

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Date of Signature