



141 Wallis St. Eugene, OR 97402

CCB# 129597

(541) 988-3661

Bring completed copy in person or mail to: PO Box 70182 Springfield, OR 97475

Application for Employment

Instructions

Please answer all questions fully and accurately. If you need additional space, please continue on a separate sheet of paper. We hire and promote without regard to race, color, sex, national origin, religion, marital status, age, or mental or physical handicap unrelated to job performance.

Today's Date: _____ Position Applied For: _____

Date Available: _____ Part Time: _____ Full Time: _____

Personal Data

Full Name (first, middle, last): _____

Address: _____ City: _____ State: _____

Social Security Number: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____
Yes No Yes No

Are you a citizen of the United States?

If no, are you authorized to work in the US?

If under age 18, do you have a work permit?

Can you provide proof that you are legally able to work in this country?

Have you ever worked for this company?

If yes, when? _____

Do you have a valid driver's license?

Driver's License Number: _____ State: _____

Education

High School

Yes No

Did you graduate?

School Name: _____

Highest grade completed: _____

Degree: _____



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Education (cont.)		
Trade School	Yes	No
	Did you graduate?	
School Name: _____	Highest grade completed: _____	
Degree: _____		
College / University	Yes	No
	Did you graduate?	
School Name: _____	Highest grade completed: _____	
Degree: _____		
Other	Yes	No
	Did you graduate?	
School Name: _____	Highest grade completed: _____	
Degree: _____		

Qualifications and Special Skills
<p>Please list any special skills, qualifications, licenses, or training that may be relevant to this position but is not covered in the above sections:</p>

Prior Work History
<p>List names of employers in order with present or most recent employer listed first. If self-employed, give firm name, and supply references. If you worked in any of the positions under another name, give name(s). Please provide the month and year where dates are requested.</p>
<p>Employer: _____ Supervisor: _____</p>
<p>Address: _____ Phone: _____</p>
<p>Dates Employed: From _____ to _____ Position: _____</p>
<p>Reason for Leaving: _____</p>



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Employment (cont.)

Employer: _____ Supervisor: _____

Address: _____ Phone: _____

Dates Employed: From _____ to _____ Position: _____

Reason for Leaving: _____

Employer: _____ Supervisor: _____

Address: _____ Phone: _____

Dates Employed: From _____ to _____ Position: _____

Reason for Leaving: _____

Employer: _____ Supervisor: _____

Address: _____ Phone: _____

Dates Employed: From _____ to _____ Position: _____

Reason for Leaving: _____

References

Full Name: _____ Phone Number: _____

Occupation: _____ Years Known: _____

Full Name: _____ Phone Number: _____

Occupation: _____ Years Known: _____

Full Name: _____ Phone Number: _____

Occupation: _____ Years Known: _____



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Affidavit

I certify that, to the best of my knowledge, the information contained in this application is both accurate and complete. I understand that employment may be denied or revoked at any time if information provided here is false, misleading, or incomplete.

I understand that, if I am hired, I must produce applicable documents showing that I am lawfully authorized to work in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended.

I understand that current and previous employers, educational institutions, and other references listed or unlisted on this application may be contacted by Armadillo Roofing. These references are authorized to give Armadillo Roofing any and all pertinent information that they may have. I release all persons or entities involved, including Armadillo Roofing, from all liability arising from this contact and provision of information.

I agree to conform to all Armadillo Roofing policies, rules, and procedures.

Furthermore, I understand and agree that nothing contained in this application, the granting of an interview, or in the offer of employment creates a contract between Armadillo Roofing and myself. If an employment relationship is established, I understand that, in the absence of a formally executed contract to the contrary, you have the right to terminate employment at any time and for any reason. Armadillo Roofing has the same right for any lawful reason.

Signature: _____

Date: _____

Printed Name: _____



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EEO Supplemental Information Form

To ensure full legal compliance, Armadillo Roofing invites you to self-identify your race or ethnicity. **This section is completely voluntary. Refusal to fill out this form will not subject you to any adverse treatment.** The information obtained will be kept confidential and may only be used in accordance to applicable laws, executive orders, and regulations. When reported, this data will not identify any individual.

This will supply us with information we need for federal reporting obligations. Please be advised that all information provided here is confidential. **No information provided here will be used as the basis for any employment decisions.** Armadillo Roofing will make every effort to meet a request for disability accommodations.

Gender:

Male

Female

What is your race/ethnicity? Please mark **one** box that you primarily identify with.

Hispanic/Latino

Black or African American

Native American or Pacific Islander

Two or More Races

White

Asian

American Indian or Alaska Native