

Employment Application

An Equal Opportunity Employer



3811 Dividend Dr., Suite A
Shingle Springs, CA 95682
(530) 672-9995
HR@StraightLineConstruction.com

Please Print

____/____/____ Date Last Name First Name Middle

Present Address

____ Number & Street City State Zip Code

() Cell Phone () Home Phone Email

Employment Desired

____ Position Amount (dollar amount or range required) per ____

Personal Information

Have you ever worked for Straight Line Roofing and Construction before? ___ Yes ___ No

If yes, when? _____

Were you referred by someone to apply for this job? ___ Yes ___ No

If yes, who? _____

Do you have any friends or relatives working for us? ___ Yes ___ No

If yes, state name(s) and relationship:

____ Name Relationship

____ Name Relationship

Why are you applying for work at Straight Line Roofing and Construction?

If hired, would you have a reliable means of transportation to and from work? ___ Yes ___ No

Are you at least 18 years old?..... ___ Yes ___ No

If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this Country?..... ___ Yes ___ No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?..... ___ Yes ___ No

If no, describe the functions that cannot be performed:

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Education and Training

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School	_____ _____ City _____ ' _____ / State _____ / Zip Code _____	_____	___ Yes ___ No	_____
College/ University	_____ _____ City _____ ' _____ / State _____ / Zip Code _____	_____	___ Yes ___ No	_____
Vocational	_____ _____ City _____ ' _____ / State _____ / Zip Code _____	_____	___ Yes ___ No	_____
Business	_____ _____ City _____ ' _____ / State _____ / Zip Code _____	_____	___ Yes ___ No	_____
Other	Type _____ _____ _____ City _____ ' _____ / State _____ / Zip Code _____	_____	___ Yes ___ No	_____

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Employment History

List below all present and past employment starting with your most recent employer (include at least the past five years). Account for all gaps of unemployment. You must complete this section even if attaching a resume.

Name of Employer

Telephone No.

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip Code

Dates of Employment:

From

To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... Yes No

Name of Employer

Telephone No.

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip Code

Dates of Employment:

From

To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... Yes No

Name of Employer

Telephone No.

Type of Business

Your Supervisor's Name

Address & Street

City

State

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Dates of Employment:

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Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... Yes No

Note: Attach additional page(s) if necessary.

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References

Please list three professional references who have knowledge of your work performance.

_____	_____	()
First Name	Last Name	Telephone No.
_____	_____	_____
Address & Street	City	State Zip Code
_____	_____	_____
Occupation	No. of Years Acquainted	Email

_____	_____	()
First Name	Last Name	Telephone No.
_____	_____	_____
Address & Street	City	State Zip Code
_____	_____	_____
Occupation	No. of Years Acquainted	Email

_____	_____	()
First Name	Last Name	Telephone No.
_____	_____	_____
Address & Street	City	State Zip Code
_____	_____	_____
Occupation	No. of Years Acquainted	Email

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I haven't knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of time elapsed before discovery.

_____ I hereby authorize Straight Line Roofing and Construction to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Straight Line Roofing and Construction any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Straight Line Roofing and Construction, my former employers and all other persons, corporations, partnerships and associations from all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Straight Line Roofing and Construction. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Straight Line Roofing and Construction, and that no promises or representations contrary to the foregoing are binding on Straight Line Roofing and Construction unless made in writing and signed by me and the President of Straight Line Roofing and Construction.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by Straight Line Roofing and Construction, I am entitled to copies of any such public records obtained by Straight Line Roofing and Construction unless I mark the check box belows. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

_____ I waive receipt of a copy of any public record(s) described in the paragraph above.

Applicant's Signature

Date

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Release & Authorization of Motor Vehicle Driving Record

Applicant's Name: _____

Driver's License No.: _____

Date of Birth: _____

State of Issuance: _____

Expiration Date: _____

By my signature below, I hereby authorize, without reservation, Straight Line Roofing and Construction and consent its insurance agency to conduct a full investigation into my motor vehicle driving record and related activities at any point after this authorization and, if hired, throughout my employment.

A record will be obtained from the Department of Motor Vehicles for underwriting purposes for automobile insurance for Straight Line Roofing and Construction.

I hereby authorize all parties to release my motor vehicle driving record to Straight Line Roofing and Construction.

Applicant's Signature

Date

() _____
Telephone No.

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Authorization to Consent to an Observed Drug and Alcohol Test

I, the undersigned, do hereby consent to testing for the detection of drugs and alcohol. I give my consent for the release of the test results to Straight Line Roofing and Construction.

I acknowledge that the drug test results will be utilized by Straight Line Roofing and Construction to determine my eligibility for employment or continued employment, therewith.

I acknowledge that at the time of collection, a refusal to authorize the collection and testing of my urine by the collection site and laboratory, or a refusal to authorize the above disclosure of the test results will be treated as a positive drug test. I further acknowledge that a positive drug test will result in denial of employment or immediate discharge if I am employed conditional to the satisfactory results of a drug test, regardless of time elapsed before discovery.

In addition, I hereby knowingly and voluntarily release Straight Line Roofing and Construction, Advanced Drug & Medical Screening, the collection site, the testing laboratory and their respective officers, directors, employees and agents from any and all claims, damages, losses, liabilities, costs and expenses, including attorney fees, arising from or relating to such collection and testing and any disclosure of the results thereof.

Applicant's Signature

Date

Print Name

Go To:

**Advanced Drug & Medical Screening
Dr. Matthew H. Shepherd D.C.
279 Placerville Drive, Suite C
Placerville, CA 95667
Tel: (530) 621-4091**

Your appointment date: _____

Time: _____ **am | pm**

Must bring ID.