

James A. Quaglino, Inc.

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer. At-Will Employer

Acceptance of this application does not imply or indicate that the applicant will be hired.

Resumes will not be accepted in place of a completed application. However, resumes may be attached to this application.

PERSONAL INFORMATION											
Last Name			First Name			Middle			Date of Application		
Address					State		Zip		Email Address		
Home Phone Number				Cell Phone Number				Other Phone Number			
How were you referred to the company?				Position(s) Applying For				Temporary / Part-Time / Full Time			
Days and hours available for work:				Mon	Tues	Wed	Thurs	Friday	Sat	Sun	Date you can start
Available to work overtime? () Y () N		Are you 18 or older? () Y () N		Salary desired				Ever applied to / worked for Company before?			
Friends, relatives, acquaintances working for Company? () Y () N				If yes, state name & relationship:				If hired, do you have transportation to/from work? () Y () N			
If your position requires that you drive for the Company, you must have a Driver's License in good standing. If no, explain.											
Class A License (3 Axles & Towing) () Y () N				Class B License (3 Axle Truck) () Y () N				Class C License (2 Axle) () Y () N			
If hired, can you present evidence of your US citizenship or proof of your legal right to work in the United States? () Y () N											
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations? () Y () N								If no, describe essential functions that cannot be performed:			
Do you speak, write or understand a language in addition to English? () Y () N If yes, please provide details.											
Please indicate your experience and skills with the following: PC/Laptop, Typing, MS Windows, Internet, MS Office, etc...											
Do you have any other experience, training qualifications, or skills that you feel should be brought to our attention, in the case that they make you suited for working with us? () Y () N If yes, please provide details.											
Have you ever been discharged or asked to resign from employment? () Y () N If yes, please provide details.											
Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions of marijuana-related offenses that are more than two years old need not be listed.) () Y () N If yes, explain nature of the crime(s), when and where convicted and disposition of the case.											
(Note: no applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered)											
EDUCATION											
Type of School		Name and City & State where Located				Number of Years Completed		Did you graduate?	Subjects Studied and/or Diploma Received		
High School											
Junior College/Trade School											
College/University											
Graduate School											
EMPLOYMENT HISTORY List below your last four employers, starting with your most recent position. Include any military service assignments. Explain all gaps in employment history.											
Length of employment (include Day, Month, Year)			Name and Address and Phone Number of Employer				Salary History	Position & Supervisor		Reason for Leaving	
From											
To											
From											
To											
From											
To											
From											
To											

REFERENCES Please include professional references only (not related to you).			
Name	Address/Phone	Position	Years Acquainted

ADDITIONAL INFORMATION Please present any additional information you feel may be helpful to us in considering your application.

ROOFING APPLICANTS Complete this section

How many years have you worked in roofing? _____	Check items below that apply to your work history.			
JOB TYPE	√WILLING TO LEARN	√NO EXPERIENCE	√SOME EXPERIENCE	√VERY EXPERIENCED
Kettle Man	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Built Up Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Torch Applied Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composition Shingles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Nailed Comp. Shingles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clay & Cement Tile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single Ply Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Below Grade Waterproofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing Seam Metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seamless Aluminum Gutters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof Maintenance/Leak Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BUILDING OPERATIONS/LANDSCAPING APPLICANTS Complete this section

How many years have you worked in building operations/landscaping? _____	Check items below that apply to your work history.			
JOB TYPE	√WILLING TO LEARN	√NO EXPERIENCE	√SOME EXPERIENCE	√VERY EXPERIENCED
Electrical Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flooring repair/installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landscape installation/maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation installation/repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tree trimming/pruning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drywall repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof Maintenance/Leak Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AUTHORIZATION: I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I acknowledge that James A. Quaglino, Inc. is committed to maintaining a drug free workplace. This commitment entails any necessary procedures during the term of employment to enforce this policy. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager, or executive of this company, other than the president has the authority to alter the foregoing.

Signature	Date
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This application will remain in our "active" file for 3 months, after which a new one must be submitted.