



**HOPE Systems, LLC**  
 dba HOPE Roofing  
 Employment Application 2018

We consider applicants for all positions without regard to race, color, religion, sex, ethnicity, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status. We are an equal opportunity employer.

**APPLICANT INFORMATION**

Last Name		First	M.I.		
Street Address			Apartment/Unit #		
City		State	ZIP		
Phone Home:		Cell:	E-mail Address:		
Are you legally eligible to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> (Proof of identity and eligibility will be required upon employment)					
Are you over the age of 18 years? YES <input type="checkbox"/> NO <input type="checkbox"/> (If no, you may be required to provide authorization to work.)					
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?					
How did you hear about us? (Ad, Referral, etc...)					
Position Applied For:			Date Available To Start:		
Please review the attached job descriptions listing the essential functions for the job you are applying for.					
Can you perform the essential functions of the position for which you are applying? YES <input type="checkbox"/> NO <input type="checkbox"/>					
If no, please explain whether you are able to perform the essential job tasks with accommodation and explain the accommodation needed.					
(If you have any questions as to what functions are applicable to the job for which you are applying, please ask the interviewer before answering)					
Are you available for work (Circle One or More)		Full Time	Part Time	Temporary	Shift Work
Can you travel if the job requires it? YES <input type="checkbox"/> NO <input type="checkbox"/>					

**COMPLETE ONLY IF THE POSITION YOU HAVE APPLIED FOR REQUIRES YOU TO DRIVE**  
 (If offered this position, you will be required to provide a copy of your driving record as part of the background check process)

Do you have a valid driver's license? YES <input type="checkbox"/> NO <input type="checkbox"/>		Driver's License # and State:		
Do you have access to a vehicle? YES <input type="checkbox"/> NO <input type="checkbox"/>		Do you have any outstanding tickets, warrants, etc...? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Please list all traffic violations				

**EDUCATION**

High School		Address		
Years Completed:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address		
Years Completed:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Additional Education		Details		

**MILITARY SERVICE**

Branch	Dates of Service:
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**EMPLOYMENT (Start with your present or most recent)**Are you presently employed? YES  NO  If yes, may we contact your current employer? YES  NO 

<b>Company:</b>	<b>Supervisor :</b>	<b>Title:</b>	
Address:		Phone:	
From:	To:	Starting Salary:	Ending Salary:
Responsibilities:			
Reason for Leaving:			

<b>Company:</b>	<b>Supervisor :</b>	<b>Title:</b>	
Address:		Phone:	
From:	To:	Starting Salary:	Ending Salary:
Responsibilities:			
Reason for Leaving:			

<b>Company:</b>	<b>Supervisor :</b>	<b>Title:</b>	
Address:		Phone:	
From:	To:	Starting Salary:	Ending Salary:
Responsibilities:			
Reason for Leaving:			

<b>Company:</b>	<b>Supervisor :</b>	<b>Title:</b>	
Address:		Phone:	
From:	To:	Starting Salary:	Ending Salary:
Responsibilities:			
Reason for Leaving:			

<b>Company:</b>	<b>Supervisor :</b>	<b>Title:</b>	
Address:		Phone:	
From:	To:	Starting Salary:	Ending Salary:
Responsibilities:			
Reason for Leaving:			

<b>Company:</b>	<b>Supervisor :</b>	<b>Title:</b>	
Address:		Phone:	
From:	To:	Starting Salary:	Ending Salary:
Responsibilities:			
Reason for Leaving:			

**SKILL SET**

Do you have any additional skills, training, apprenticeships that we should consider? If so, please describe:

**Please describe in detail your roofing experience. Please include certifications, and length of time you have work with each material. You may use the back of this form if necessary. Be honest and thorough. Applicants will be chosen based on experience.**

**I have experience installing (circle all that apply):**

**COMPOSITION**

**METAL**

**TILE**

**TPO**

**TORCHDOWN**

**CEDAR SHAKE/SHINGLE**

**REFERENCES**

Please list three professional references.

Full Name	Relationship
Company	Phone (     )
Full Name	Relationship
Company	Phone (     )
Full Name	Relationship
Company	Phone (     )

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can be grounds for termination from the organization. I understand that if I am hired, my employment is At Will and is for no definite time and may be terminated at any time without cause or prior notice.

Signature

Date