

KATO ROOFING, INC.

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE _____

NAME _____ Social Security No. _____
Last First Middle

PRESENT ADDRESS _____
Street City State Zip

PERMANENT ADDRESS _____
Street City State Zip

PHONE NO. _____ Are you over 18? Yes _____ No _____

Do you have a valid drivers license? Yes _____ No _____

Are you prevented from lawfully becoming employed in this country because of VISA or immigration status?
 Yes _____ No _____

DESIRED POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

Are you employed now? _____ If so, may we inquire of your present employer? _____ Contact: _____

Have you applied here before? _____ When? _____

REFERRED BY:

EDUCATION	NAME AND LOCATION OF SCHOOL	# YRS. ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL:

Subject of Special Study or Research Work _____

CONSTRUCTION BACKGROUND (if any)

SPECIAL SKILLS: Include licenses, tools, etc.

ACTIVITIES: (Civic, Athletic, etc., exclude organizations, which would indicate race, creed, sex, age, color, martial status)

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

FORMER EMPLOYERS

List below last three employers, starting with most recent first

DATE MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM					
TO					
FROM					
FROM					
TO					
FROM					
FROM					
TO					
FROM					

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

REFERENCES:

Give the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	BUSINESS	#YRS.

IN CASE OF EMERGENCY NOTIFY:

Days: _____

Evenings: _____

NAME	ADDRESS	PHONE NO.

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative other than its president, and then only when in writing and signed by the president has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

DATE: _____ SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date: _____

Remarks: _____

Neatness _____ Ability _____

Hired: _____ Yes _____ No _____ Position _____ Dept. _____

Salary/Wage _____ 1st Review Date: _____ 1st Day of Work: _____

Additional Comments: _____