

Office Use Only		
FORMER EMPLOYEE? YES / NO	ELIGIBLE FORE REHIRE? YES / NO	LAST PAY RATE:



Weathercraft Co. of Colorado Springs, Inc.

Application for Employment

- THIS IS AN APPLICATION FOR EMPLOYMENT. YOU WILL NOT BE PAID FOR THE TIME REQUIRED TO FILL OUT THIS APPLICATION OR TO BE INTERVIEWED.
- PLEASE ANSWER EVERY QUESTION AND PROVIDE AS MUCH DETAIL AS POSSIBLE. ALL INFORMATION WILL BE CONSIDERED IN DETERMINING YOUR ELIGIBILITY FOR HIRE.
- PLEASE WRITE OR PRINT CLEARLY.
- SHOULD YOU HAVE ANY QUESTIONS ABOUT THE APPLICATION, PLEASE ASK FOR ASSISTANCE.

NAME: _____ SOCIAL SECURITY # _____

MAILING ADDRESS: _____
 (STREET OR P.O. BOX) (CITY, STATE, ZIP CODE)

PHONE NUMBERS _____ EMAIL _____
 (Cell) (Home)

BIRTH DATE _____ PLACE OF BIRTH (city/state) _____

DRIVER'S LICENSE NO. _____ STATE _____ EXP. DATE _____

COLORADO ID NO. _____ STATE _____ EXP. DATE _____

- ON A SCALE OF 1-5 (1=PERFECT) RATE YOUR DRIVING RECORD? _____
- DID YOU SERVE IN THE UNITED STATES MILITARY? YES NO
- HAVE YOU WORKED AS A CIVILIAN ON A MILITARY BASE? YES NO
- HAVE YOU EVER BEEN DENIED ACCESS TO A MILITARY BASE? YES NO
- DO YOU HAVE ANY RESTRICTION THAT PREVENTS YOU FROM TRAVELING OUTSIDE OF THE AREA? YES NO

EDUCATION

- PROVIDE THE NAME OF THE SCHOOL(S) YOU ATTENDED AND THE LEVELS YOU COMPLETED:

HIGH SCHOOL/GED _____ TRADE SCHOOL _____

JR COLLEGE _____ COLLEGE _____

- DO YOU SPEAK AND UNDERSTAND ENGLISH? YES NO
- WHAT LANUAGES DO YOU READ AND WRITE? ENGLISH SPANISH OTHER: _____
- DO YOU SPEAK SPANISH? YES NO
- LIST WORK RELATED TRAINING OR CERTIFICATIONS (OSHA 10 HOUR, FORK LIFT, CPR) :

WORK EXPERIENCE

➤ DO YOU HAVE PREVIOUS ROOFING / SHEET METAL EXPERIENCE? YES NO

➤ HAVE YOU PREVIOUSLY WORKED FOR WEATHERCRAFT? YES NO

➤ CIRCLE THE EXPERIENCE LEVEL YOU ACHIEVED IN ROOFING OR SHEET METAL:

LABOR APPRENTICE JOURNEYMAN FOREMAN SERVICE LEAD NO EXPERIENCE

➤ CIRCLE THE ROOF SYSTEM(S) WITH WHICH YOU HAVE EXPERIENCE:

BUILT UP MODIFIED BITUMEN EPDM TPO / PVC TILE / SLATE SHINGLES

➤ CIRCLE THE SHEET METAL YOU HAVE EXPERIENCE INSTALLING:

COPING CORRUGATED ROOF STANDING SEAM ROOF WALL PANELS

➤ DESCRIBE YOUR EXPERIENCE WITH ROOFING OR SHEET METAL:

➤ PREVIOUS PAY RATE _____ DESIRED PAY RATE _____

DRIVING EXPERIENCE

➤ DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

➤ DOES YOUR DRIVER'S LICENSE HAVE ANY RESTRICTIONS? YES NO

➤ CIRCLE THE APPROPRIATE EXPERIENCE YOU HAVE WITH COMMERCIAL DRIVING:

1/2 - 3/4 TON PICKUP 1 TON PICKUP TOWING TRAILERS MED. DUTY TRUCK

➤ CIRCLE THE APPROPRIATE DRIVERS LICENSE YOU CURRENTLY HOLD:

CLASS R (BASIC) CDL: CLASS A CLASS B CLASS C HAZ-MAT

➤ HAVE YOU RECEIVED MORE THAN ONE MOVING VIOLATION IN THREE YEARS? YES NO

➤ HAVE YOU BEEN INVOLVED IN A TRAFFIC ACCIDENT IN THE PAST THREE YEARS? YES NO

PLEASE LIST PREVIOUS EMPLOYERS STARTING WITH THE MOST RECENT

PREVIOUS EMPLOYER #1 _____ DATES OF EMPLOYMENT _____

➤ CONTACT NAME & TITLE _____ PHONE NUMBER _____

➤ WHY DID YOU LEAVE YOUR LAST JOB? QUIT W/NOTICE LAID OFF FIRED WALKED OFF

➤ DID YOU LEAVE ON GOOD TERMS (ARE YOU ELIGIBLE FOR RE-HIRE)? YES NO

Weathercraft Company

Application for Employment

PREVIOUS EMPLOYER #2 _____ DATES OF EMPLOYMENT _____

➤ CONTACT NAME & TITLE _____ PHONE NUMBER _____

PREVIOUS EMPLOYER #3 _____ DATES OF EMPLOYMENT _____

➤ CONTACT NAME & TITLE _____ PHONE NUMBER _____

➤ LIST AND DESCRIBE ANY OTHER CONSTRUCTION EXPERIENCE:

➤ PERSONAL REFERENCE _____ PHONE NUMBER _____

I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND ACCURATE.

(SIGNATURE)

(DATE)

WEATHERCRAFT COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at Weathercraft will be based on merit, qualifications, and abilities. Weathercraft does not discriminate in employment opportunities or practices because of race, color, religion, sex, national origin, age, disability political beliefs, or marital or familial status.

Applicants and employees who wish to benefit under an affirmative action program are invited to identify themselves. This information is voluntarily provided. It will be kept confidential, and refusal to provide it will not subject any applicant or employee to any adverse treatment. Nothing shall preclude an employee from informing the company, at a desire time under this program.

**YOU MAY ANSWER THE FOLLOWING ON A VOLUNTARY BASIS.
CIRCLE THOSE YOU WISH TO SHARE:**

MINORITY: BLACK HISPANIC ASIAN NATIVE AMERICAN OTHER _____

OTHER: MALE FEMALE

SPECIAL DISABLED VETERAN YES NO

A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability: (A) rated at thirty percent or more, or (B) rated at ten or twenty percent in the case of a veteran who has been determined under Section 1506 of Title 38 USC to have a serious employment handicap; (2) A person who was discharged or released from active duty because of service-connected disability.

VETERAN OF VIETNAM ERA YES NO

A veteran, any part of whose active military, naval or air service was during the period August 5, 1964 through May 7, 1975, who:

- (1) Served on active duty for a period of more than 180 days and was discharged or released there from with other than a dishonorable discharge, or (2) was discharged or released from active duty because of a service-connected

disability. No veteran may be considered to be a veteran of the Vietnam Era under this paragraph after December 31, 1997.

HANDICAPPED

YES

NO

Any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such impairment. For purposes of the part, a handicapped individual is "substantially limited" if he or she is likely to experience difficulty in securing, retaining or advancing in employment because of a handicap.

MOTOR VEHICLE REPORT – INFORMATION RELEASE

Possession of a valid Colorado Driver’s License is favorable to your consideration for employment. Our insurance provider will determine your eligibility to drive for Weathercraft Company. Completing the authorization form below, allows our insurance provider to obtain and review a Motor Vehicle Report.

FEDERAL DRIVER PRIVACY PROTECTION ACT

I, _____, authorize Weathercraft Co. of Colorado Springs, Inc. to obtain my motor vehicle report from CB Insurance, Inc. I understand that this record may contain personal information including, but not limited to, child support payments, alimony payments, as well as, information on driving violations and accidents.

Signature Date

Driver’s License Number State Licensed Issued Date of Birth

**CONFIDENTIAL POST JOB OFFER/PRE-PLACEMENT MEDICAL QUESTIONNAIRE
TO BE COMPLETED BY ALL PERSONS OFFERED POSITION PRIOR TO STARTING WORK:**

Job offers are conditioned upon completion of this Medical Questionnaire. This Questionnaire is used to assist us in hiring employees to positions suited to any physical or medical limitations they may have and to establish basic information regarding your physical condition before you begin working. This information will be maintained in a confidential file and will not be used to deny any employment opportunities, except in accordance with applicable law.

In the event your response to these questions raises concerns on our part that you cannot safely perform an essential function of the job you have been conditionally offered, we reserve the right to require medical verification of your ability to perform these functions before you are allowed to begin working. We also reserve the right to withdraw your job offer if further inquiry reveals that you cannot safely perform the essential functions of that job. If you qualify as a "disabled person", this determination will be made after any reasonable accommodation obligations have been satisfied.

DO NOT COMPLETE THIS FORM UNLESS YOU HAVE ALREADY BEEN OFFERED EMPLOYMENT, BUT HAVE NOT YET STARTED WORK.

INCOMPLETE OR UNSIGNED QUESTIONNAIRES WILL RESULT IN WITHDRAWAL OF YOUR EMPLOYMENT OFFER. FOR EACH "YES" ANSWER, EXPLAIN YOUR ANSWER AT THE END OF THE QUESTIONNAIRE. IF, FOR ANY REASON, YOU ARE UNCERTAIN OF AN ANSWER, INDICATE SO AND BRIEFLY EXPLAIN WHY.

A. As a result of injury, illness, or other cause, do you have any impairment of:

- | | | |
|--|-----|----|
| 1. Hands that limit dexterity or your ability to maintain a strong grip or hold objects firmly? | YES | NO |
| 2. Arm, wrist, back, shoulder or other problems which limits normal range of motion, full use or strength of your upper extremities? | YES | NO |
| 3. Ankle, knee, foot, leg, or other problems which limit normal range of motion or your ability to stand, walk, squat, kneel, climb stairs, get into and out of vehicles or equipment, or walk on uneven surfaces? | YES | NO |
| 4. The neck or back which interferes with bending or rotation of your neck, or which interferes with your ability to hold your head in fixed positions for prolonged periods of time? | YES | NO |
| 5. The back which interferes with your ability to bend, twist, or flex your back frequently? | YES | NO |
| 6. The back which interferes with your ability to lift or carry objects on a repetitive basis? | YES | NO |
| 7. The joints resulting from stiff, painful, or swollen joints or broken bones? | YES | NO |
| 8. Vision in either eye that interferes with your ability to read, see at a distance, distinguish colors, or see in dim light? | YES | NO |
| 9. Hearing that interferes with your ability to understand spoken words, hear safety alarms or sirens, or requires you to avoid exposure to excessive noise? | YES | NO |

B. As a result of injury, illness or other cause, do you have any impairment which may:

- | | | |
|---|-----|----|
| 1. Affect your equilibrium or ability to maintain your balance? | YES | NO |
| 2. Alter your normal state of consciousness or cause you to become unconscious? | YES | NO |
| 3. Make it dangerous to work around moving machinery? | YES | NO |
| 4. Prohibit you from driving licensed company vehicles on public highways? | YES | NO |
| 5. Prohibit you from working at heights or in confined spaces? | YES | NO |

C. Have you ever:

- | | | |
|--|-----|----|
| 1. Had fainting spells, loss of consciousness, seizures, or epilepsy? | YES | NO |
| 2. Been treated for shortness of breath, emphysema, or other respiratory problems? | YES | NO |

3. Had a heart attack, stroke, other heart or circulatory system disease or failure, or high or low blood pressure?
YES NO
4. Had an illness which affected your nervous system? YES NO
5. Had any kind of back problems or any history of back pain? YES NO
6. Had back surgery or been treated for a back condition? YES NO
7. Had a rupture or hernia? YES NO
8. Received a permanent disability award (including any amount of permanent partial disability) for a job or non-job-related accident or illness? (Note: We are not interested in knowing whether you have ever had a temporary disability or whether you have ever applied for workers' compensation. The information requested applies only to *permanent* restrictions). YES NO
9. Been exposed to hazardous materials or radioactive substances? YES NO

D. Are you:

1. Currently taking any prescription medication which has side effects that could cause drowsiness or affect your ability to safely perform job duties? (Note: We are not interested in knowing whether you are taking prescribed medication that does not cause drowsiness or other side effects that could affect job safety.) YES NO
2. Allergic to inhalants (dust, etc.) fumes, solvents, gasoline products, or other substances commonly found in the work place in our industry? YES NO

E. For first aid purposes:

1. Do you have any medical condition that we should know about in order to properly administer first aid to you? (For example, a floating sternum that would cause us to avoid giving CPR or allergies to common first aid medication) YES NO
2. If you are a diabetic or have another medical condition that currently requires special treatment from the Company, please advise. (For example, if you are required to be off work to undergo kidney dialysis, etc.) YES NO

- F. Do you have any limitations on your ability to perform the duties or the job you have been conditionally offered? YES NO

If "YES", identify nature of limitations and provide any recommendations you have for accommodations:

LIST THE LETTER AND NUMBER FOR EACH QUESTION YOU MARKED "YES" AND EXPLAIN.
(ASK FOR ADDITIONAL SHEET IF NECESSARY)

THE ABOVE ANSWERS (PAGES 5 – 6) ARE TRUE AND CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFICATIONS, MISREPRESENTATIONS, OR OMISSIONS, DETERMINED TO BE MATERIAL BY THE COMPANY, MAY RESULT IN WITHDRAWAL OF MY CONDITIONAL EMPLOYMENT OFFER OR DISCHARGE REGARDLESS OF HOW OR WHEN DISCOVERED.

 Printed Name

Signature

Date

02/20

EMERGENCY CONTACT AND INSTRUCTIONS:

In case of emergency contact:

_____ Name

_____ Phone Number

_____ Relationship

_____ City/State

Are there any other emergency instructions, circumstances, medial needs, allergic response or procedure the company should know? PLEASE LIST BELOW. YES NO

