

CHAMBERLIN

WATERPROOFING & ROOFING SYSTEMS, LTD.
APPLICATION FOR EMPLOYMENT

**ALL APPLICANTS ARE SUBJECT TO DRUG TESTING AS A CONDITION OF EMPLOYMENT
STOP HERE IF YOU REFUSE TO SUBMIT TO DRUG TESTING**

We are proud to consider all applicants for every position without regard to race, color, creed, national origin, religion, sex, age, marital status, disability, handicap, or any other legally protected classification.

APPLICANT INSTRUCTIONS

Note: This APPLICATION FOR EMPLOYMENT must be completed by you (1) in your own handwriting, (2) in ink, and (3) on company premises. It will remain active for a period of 30 days after it is submitted to CHAMBERLIN for consideration. Provide only information requested. Failure to do so will result in disqualification of your application.

PERSONAL INFORMATION

Last Name	First Name	Middle Name	Social Security Number	Are you legally eligible to work in the US? ___ Yes ___ No		
Present Home Address: Number, Street, Apartment, Lot, etc.			Time at Present Address	Home Telephone		
City	County	State	Zip Code	Work or Other Telephone		
List below the other addresses used by you during the past seven years beginning with the most recent. Use back of page if necessary.						
Street Address		City	State	Zip Code	From	To

EDUCATIONAL INFORMATION

Circle highest level of education you have received	High School				College				Graduate School							
	9	10	11	12	1	2	3	4	1	2	3	4	4+			
Type of School	Name and Location of School												Years Completed	Years Completed	Degree/Major	GPA
High School																

MOTOR VEHICLE INFORMATION

Driver's License Number	State Issuing Driver's License	Driver's License Expiration Date
Do you own a vehicle? ___YES ___NO	Model _____ Yr _____	Insurance carrier _____
Do you have current auto liability insurance? ___YES ___NO		Expiration date _____
Have you successfully completed any driver education or safe driving training courses? ___YES ___NO	Has your driver's license ever been revoked or suspended? ___YES ___NO	Has any company ever cancelled your motor vehicle insurance or refused to insure you? ___YES ___NO
Have you ever been convicted of driving under the influence of alcohol or drugs? ___YES ___NO	Have you ever been convicted of reckless driving? ___YES ___NO	Have you ever caused a motor vehicle accident? ___YES ___NO
Have you been convicted of speeding within the past three years? ___YES ___NO	Have you been convicted of any other moving violation within the past three years? ___YES ___NO	Have you been involved in any way in a motor vehicle accident within the past three years? ___YES ___NO

NOTE: Lack of driver's license or history of driving violations will not automatically disqualify you from consideration for employment

Rev. 7/07

REFERENCES

Please list names of three (3) persons not related to you known at least one year.

Personal / Professional References		Occupation / Business	Office Phone Number ()	
How long have you known this person?	In what capacity have you known this person (friend, employer)		Home Phone Number ()	
Street Address		City	State	Zip

Personal / Professional References		Occupation / Business	Office Phone Number ()	
How long have you known this person?	In what capacity have you known this person (friend, employer)		Home Phone Number ()	
Street Address		City	State	Zip

Personal / Professional References		Occupation / Business	Office Phone Number ()	
How long have you known this person?	In what capacity have you known this person (friend, employer)		Home Phone Number ()	
Street Address		City	State	Zip

CRIMINAL HISTORY

Have you been convicted of any offense during the past ten years? Yes No

If "Yes," explain each offense in detail below. Use back of this page if necessary.

Type of Offense	Date Convicted	Sentence	Where were you convicted?		
			City	County	State

Note: A record of a prior criminal conviction will not automatically disqualify you from consideration as a candidate for employment.

MILITARY BACKGROUND

Have you ever served in the military? __Yes __No		Military Branch
Date entered Month _____ Year _____	Date Discharged / Retired Month _____ Year _____	Rank at Discharge / Retirement
		Are you in active reserve? __Yes __No

NOTE: This information is required for background verification only. It will not be otherwise used in making any hiring decision

Service Schools attended and training received
Military honors and awards

NOTIFICATION, CERTIFICATION AND RELEASE

Please read the following statements carefully before signing this application for employment

I, (write name) _____ hereby apply for employment with CHAMBERLIN WATERPROOFING & ROOFING SYSTEMS, LTD. (hereinafter referred to as Chamberlin).

I verify that all the information provided in this application is complete and correct, and I confirm that the omission or misrepresentation of any fact in this application will be sufficient reason for Chamberlin to deny me employment. Should I become employed by Chamberlin and such an omission or misrepresentation is later discovered in this document, or any other corporate record, Chamberlin may terminate my employment upon discovery of such omission or misrepresentation.

I understand and agree that in the processing of my application, it is necessary for Chamberlin and/or its agents to verify the information provided therein by obtaining reports such as a "consumer report" and/or an "investigative report" which will consist of personal information regarding me, including but not necessarily limited to, credit history, work references, educational experience, criminal convictions, and other public record information. I understand that information on the nature and scope of this inquiry is available to me upon written request.

I hereby authorize the release of all information deemed necessary to verify the facts in this application (including educational transcripts and military records) to Chamberlin and/or its agents provided this information is kept confidential and is used solely for the purpose specified herein. I hereby release Chamberlin, its employees, its agents, and all individuals and organizations providing information to them from all liabilities for their acts performed in connection with evaluating my qualifications. Without limiting the foregoing, I specifically waive any and all claims that I have or which might arise giving me cause of action for defamation, liable or slander. I understand and agree that a photocopy or facsimile of this release will be as valid as the original even though it does not contain my original signature.

If I accept a job offer from Chamberlin, I agree to take a physical examination before beginning work and such future physical examinations as may be required by Chamberlin. I further agree to submit to any lawful drug, alcohol, polygraph, or integrity testing that may be required either as a condition for employment or for continued employment. I understand and agree that refusal to submit to such testing may result in disciplinary action, including termination.

If I accept a job offer from Chamberlin, I agree to abide by the bylaws, rules and regulations of Chamberlin as put forward by its management. I agree that if company property and/or equipment is issued to me by Chamberlin, I will be responsible for the same until it is returned to Chamberlin.

I agree that if any employment relationship is established with Chamberlin, it will be of an "at will" nature, meaning that I may resign at any time and Chamberlin may dismiss me at any time, with or without cause. I further agree that this "at will" employment relationship can be changed only by a document signed by an authorized representative of Chamberlin.

I understand and agree that this application for employment will be considered "active" by Chamberlin for a period of thirty (30) days after it is submitted to Chamberlin by me, and after that time Chamberlin will assume I no longer desire to seek a position here. I understand that if I want to be considered for employment with Chamberlin beyond that time, I must complete and submit a new application for employment to Chamberlin as evidence of my continued interest and availability.

I understand that according to federal law all individuals must provide documents which either verify their identity as a U.S. citizen or verify their legal authorization to work in the United States. I understand that any offer of employment is conditional upon my ability to produce this documentation within the time required by law.

Signature of applicant

Name of applicant (written)

Today's date

This application for employment accepted on behalf of Chamberlin and Applicant's signature witnessed by:

Signature of witness

Name of witness (written)

Today's date