

1201 W. 31st Street, Ste. 1
 Kansas City, MO 64108
 Office: 816-587-6148
 www.jrcousa.com



Subsidiaries or Affiliated Companies
**Application For
 Employment**

THIS APPLICATION MUST BE SIGNED AND DATED TO BE A VALID APPLICATION

Please Print

Type of Work Desired		Have you previously been employed by JR & Company Roofing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
Date Available for Employment?	Employment interest <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time How many hours:	If no, have you previously interviewed with JR & Company Roofing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any relatives employed by JR & Company Roofing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state name _____		Salary Desired: \$ _____ (Approved Salary \$ _____ By _____)
		Do you have reliable transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No

Personal

Name: First	Middle	Last	Other Last Names Used
Address: Number	Street	City	State Zip Code
Telephone: Area Code Number	Days/shifts available for work		
Alternate Telephone Number	E-mail Address	Are you over the minimum age for the hours or working conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you have a legal right to remain permanently in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>This section reserved</i>
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Education

School Name & Location	Dates Attended		Major Subject	Graduated	Date Degree Granted or Expected	Diploma/Degree and GPA
	From Mo./Yr.	To Mo./Yr.				
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No		
College				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No		

Business References

List three business references we may contact who are qualified to evaluate your work abilities.			
Name	Position	Company	Telephone

EMPLOYMENT HISTORY -- TO BE COMPLETED BY ALL APPLICANTS

ATTENTION: Applicants who will drive a commercial vehicle, even occasionally, in intrastate or interstate commerce must provide information on those employers for whom the applicant operated a motor vehicle within the last 10 years. DOT regulations require JR & Company Roofing to contact all previous employers of the past three years. Please list all employers of full-time, regular employment in the last 7-10 years.

Name/Address of Present or Last Employer _____ _____ _____ Start Date _____ Leave Date _____ Start Salary _____ per _____ Final Salary _____ per _____ Job Title _____ Name/Title of Supervisor _____ May we contact your present employer? _____ Phone: _____ Description of work _____ _____ Reason for Leaving _____	Name/Address of Employer _____ _____ _____ Start Date _____ Leave Date _____ Start Salary _____ per _____ Final Salary _____ per _____ Job Title _____ Name/Title of Supervisor _____ May we contact your Supervisor? _____ Phone: _____ Description of work _____ _____ Reason for Leaving _____
Name/Address of Employer _____ _____ _____ Start Date _____ Leave Date _____ Start Salary _____ per _____ Final Salary _____ per _____ Job Title _____ Name/Title of Supervisor _____ May we contact your Supervisor? _____ Phone: _____ Description of work _____ _____ Reason for Leaving _____	Name/Address of Employer _____ _____ _____ Start Date _____ Leave Date _____ Start Salary _____ per _____ Final Salary _____ per _____ Job Title _____ Name/Title of Supervisor _____ May we contact your Supervisor? _____ Phone: _____ Description of work _____ _____ Reason for Leaving _____

Have you ever been in the armed forces? Yes No

Are you now a member of the national guard? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

TO BE COMPLETED BY APPLICANTS WHO WILL BE IN A DOT-QUALIFIED POSITION

All applicants applying for driving or field management positions must complete this page. You may attach an additional sheet if necessary. **If none, please write the word "none."**

Personal Information						
List all addresses for the last 3 years.	Street	City	State	Zip Code	How long?	
	Street	City	State	Zip Code	How long?	
	Street	City	State	Zip Code	How long?	
Full Name as Shown on Driver's License		Driver's License Number	Expiration Date	State	Social Security Number	
Are you 21 yrs. of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you currently hold a valid commercial driver's license (CDL)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date of Birth		If yes, check license class: <input type="checkbox"/> "A" <input type="checkbox"/> "B" <input type="checkbox"/> "C"				
Check CDL endorsements: <input type="checkbox"/> Double/Triple Trailers <input type="checkbox"/> Tank Vehicles <input type="checkbox"/> Hazardous Materials						
During the past two (2) years have you failed, or refused to test, on any pre-employment drug or alcohol test administered by a DOT-regulated employer for a safety-sensitive position that you applied for, but you did not obtain? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Has license or permit to drive ever been suspended, denied, or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide statement of circumstances.						
Driving Experience Record (Personal & Commercial Vehicle)						
Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Number of Miles Driven		
		From	To			
Straight Truck						
Tractor and Semi-Trailer						
Other						
Accident Record for Past 3 Years (Personal & Commercial Vehicle)						
Type of Accident	Month & Year	Type of Equipment	Death or Injuries	City or County	Personal or Commercial	If Commercial, Indicate Employer
Traffic Convictions and Forfeitures for Past 3 Years, other than parking violations (personal & commercial vehicle)						
Location		Date	Charge		Penalty	
Previous Three Year History All driver applicants to drive interstate/intrastate commerce must provide the following information on all employers during the preceding three (3) years.						
Employer Name	Federal Motor Carrier Safety Regulations					
	Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Was your job designated as a safety-sensitive function in any DOT-regulated modes subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Was your job designated as a safety-sensitive function in any DOT-regulated modes subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Was your job designated as a safety-sensitive function in any DOT-regulated modes subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Special Training and/or Skills

Computer Software /Tools _____

Typing WPM _____ 10-Key Yes No

Summarize any other industry skills and qualifications _____

To All JR & Company Roofing Applicants for Employment

JR & Company Roofing appreciates your interest in our company as a place of employment. Your qualifications will be given careful consideration. It is our company's policy to make employment decisions without regard to an individual's race, religion, gender, national origin, age, veteran status, disability, or any other status or condition protected by applicable state or federal law, except where a bonafide occupational qualification applies. JR & Company Roofing complies with the Drug-Free Workplace Act of 1988 and has a smoke-free work environment.

Notice of Drug Screen

JR & Company Roofing is concerned with the health and safety of all its employees, as well as the safety of the general public. Therefore, we require, as one of the steps in the hiring process, that all otherwise qualified applicants for employment consent and submit to a drug screen. The drug screen will require the applicant to provide a urine sample, which will be tested for the presence of controlled substances, including but not limited to marijuana, cocaine, phencyclidine, amphetamines, and opiates.

I hereby give my consent to JR & Company Roofing to administer drug testing procedures to me and to use the results thereof in further determining my employability with the company. A confirmed positive test result, or the refusal to submit a drug screen, will disqualify the applicant from further consideration for employment with JR & Company Roofing.

Agreement

I agree and understand that JR & Company Roofing and/or its agents may investigate my safety performance history, driving record, background, and employment history to ascertain any and all information pertaining to my record, whether same is of record or not. I release employers and persons named herein from all liability for any and all damages resulting from the furnishing and release of such information.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

I understand and agree that this application for employment does not obligate JR & Company Roofing to employ me, and that any interviews granted may be at my expense.

Once a contingent offer of employment has been made, I agree to furnish any additional information and/or submit to oral, written, or physical examinations, including testing for the presence of controlled substances, bonding, and pre-employment processing as may be required to complete the employment file.

In consideration of my employment, I agree to conform to the rules and regulations of JR & Company Roofing, including signing an Employee or Executive Agreement and an Invention Agreement. I understand and agree that should I become employed by JR & Company Roofing, I will be an employee at will. My employment can be terminated, with or without notice, at any time, with or without cause, at the option of either the company or myself. I further understand that no representative of the company other than the President has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that any misrepresentation, omission, or false statement by me in this application, in any supplement thereto, or in any other corporate records including those used in connection with JR & Company Roofing' drug testing procedures, will be sufficient grounds for not employing me, and may result in dismissal without notice at any time during my employment.

I acknowledge that JR & Co. Inc. may perform criminal background investigation accordance with the Fair Credit Reporting Act if I am hired, and that my employment may be terminated if that investigation determines that I do not meet JR & Co., Inc. hiring criteria. I also agree that should I become employed by JR & Co., Inc. the company may investigate and monitor my motor vehicle record in accordance with the Fair Credit Reporting Act for the purpose of determining eligibility to operate a motor vehicle while performing services for JR & Co., Inc.

This authorization is valid as long as I am an employee or employee candidate and may only be rescinded in writing.

Signature: _____ Date _____

SSN (Optional): _____

In case of emergency, please list a contact name and phone number.

Name _____ Phone number _____