



SWIFT ROOFING INC.

MURRAY
P.O. Box 1102
402 Industrial Road
Murray, KY 42071
(800) 844-4921

ELIZABETHTOWN
P.O. Box 502
108 South Park Circle
Valley Creek Business Ctr
Elizabethtown, KY 42701
(800) 844-4920

APPLICATION FOR EMPLOYMENT PRE-EMPLOYMENT QUESTIONNAIRE • EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE: _____

LAST NAME		FIRST NAME	SOCIAL SECURITY NUMBER	
STREET ADDRESS		CITY	STATE	ZIP CODE
PHONE NUMBER	DATE OF BIRTH		REFERRED BY	

EMPLOYMENT DESIRED

POSITION APPLYING FOR	DATE YOU CAN START	SALARY DESIRED
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Are you currently employed? YES NO If so, may we contact your current employer? YES NO

Have you ever **applied** to Swift Roofing Inc.? YES NO Have you previously **worked** for Swift Roofing Inc.? YES NO

If you have worked for Swift Roofing Inc., how did you depart: LAID OFF TERMINATED VOLUNTARILY QUIT

DRUG SCREENING IS REQUIRED

Have you ever failed a drug test? YES NO If yes, what caused you to fail? _____

EDUCATION HISTORY

_____ GRAMMER SCHOOL

_____ HIGH SCHOOL

_____ COLLEGE

_____ TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL

SPECIAL TRAINING

List below any subjects of special study, research work, or training:

_____ U.S. MILITARY OR NAVAL SERVICE

_____ RANK

MEDICAL & LEGAL

Do you have any previous medical history that could effect your job performance with Swift Roofing Inc? YES NO

If yes, please list: _____

Have you ever been convicted of a felony? YES NO If yes, please explain: _____

Have you ever been convicted of a sex offense? YES NO If yes, please explain: _____

FORMER EMPLOYERS (List below last 3 employers, starting with last one first.)

DATE (MONTH & YEAR)	DATE (MONTH & YEAR)	DATE (MONTH & YEAR)
EMPLOYER NAME	EMPLOYER NAME	EMPLOYER NAME
EMPLOYER ADDRESS	EMPLOYER ADDRESS	EMPLOYER ADDRESS
PHONE NUMBER	PHONE NUMBER	PHONE NUMBER
SALARY POSITION	SALARY POSITION	SALARY POSITION
REASON FOR LEAVING	REASON FOR LEAVING	REASON FOR LEAVING

REFERENCES (List below the names of three (3) persons, not related to you, whom you have known at least one year.)

NAME	NAME	NAME
ADDRESS	ADDRESS	ADDRESS
PHONE NUMBER	PHONE NUMBER	PHONE NUMBER
BUSINESS YEARS KNOWN	BUSINESS YEARS KNOWN	BUSINESS YEARS KNOWN

AUTHORIZATION

"I Certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that my result from utilization of such information.

I also understand and agree that no representative of the company 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, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws."

* Your digital signature below will be binding as your actual signature, and indicates your agreement with the 'AUTHORIZATION' statements.

DATE: _____ * SIGNATURE: _____

Save and email completed application to careers@swiftroofing.net