



Precision Gutters, Roofing, and Siding  
 Phone 770-253-6859 • Fax 770-253-1360  
 www.GoPGRS.com

4046 Highway 154  
 Suite 204  
 Newnan, GA 30265

### Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, or any other legally protected status

<b>Position (s) Applied For:</b>			<b>Date of Application:</b>		
<b>How did you learn about us?</b>					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Relative/Friend		<input type="checkbox"/> Other	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Inquiry			
<i>Referred By:</i>					
<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>	
<b>Address</b>	<i>Number</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<b>Telephone Number (s)</b>			<b>Social Security Number</b>		

Are you at least 18 years of age? .....  Yes  No

Have you ever filed an application with us before?.....  Yes  No

If Yes, give date \_\_\_\_\_

Are you currently employed?.....  Yes  No

May we contact your present employer? .....  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? .....  Yes  No

*Proof of citizenship or immigration status will be required upon employment*

Date Available for work \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Temporary

Can you travel if a job required it.....  Yes  No

# Education

	Name & Address of School	Years Completed	Diploma/ Degree	Course of Study
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

*Describe any specialized training, apprenticeship, skills, and extra-curricular activities:*

## Employment Experiences

Start with your present or last job. Include any job-related skills, assignments, or volunteer activities.

Employer	Dates	Work Performed
Address		
Telephone Number (s)	Hourly Rate/Salary	
Job Title	Supervisor	
Reason for Leaving		

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Address		
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Employer	Dates	Work Performed
Address		
Telephone Number (s)	Hourly Rate/Salary	

Job Title	Supervisor	
Telephone Number (s)	Hourly Rate/Salary	

## **Additional Information**

Other Qualifications

Specialized Skills

Skills Related

## **References**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

# Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer:

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*Signature of Applicant*

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*Date*