

Application for Employment

Please check the company for which you are applying:

- | | | | | |
|--|---|---|--|---|
| <input type="checkbox"/> Burns & Scalo PA
22 Rutgers Road
Pittsburgh, PA 15205
412-928-3060 | <input type="checkbox"/> Burns & Scalo OH
2181 Innovation Drive, Suite 101
Marion, OH 43302
740-383-4639 | <input type="checkbox"/> Scalo Solar
22 Rutgers Road
Pittsburgh, PA 15205
412-921-1962 | <input type="checkbox"/> Scalo Inc.
22 Rutgers Road
Pittsburgh, PA 15205
412-921-1962 | <input type="checkbox"/> David Hood Roofing
1134 Rodi Rd
Turtle Creek, PA 15145
412-824-4610 |
|--|---|---|--|---|

We greatly appreciate your interest in our organization and assure you that we consider applications for all positions without regard to race, color, religion, creed, gender, national origin, disability, marital status, sexual orientation or citizenship status. Please note that employees will be required to submit to drug/alcohol testing both prior to their first day of employment and during the scope of their employment. **We are a Drug Free Workplace.**

(PLEASE PRINT)

Position(s) applied for:		Date of Application:	
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend (Friend's name: _____) <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative (Relative's name: _____) <input type="checkbox"/> Other _____			
Last Name		First Name	Middle Name
Street Address		City	State Zip Code
Home Phone:		Cell Phone:	Email:

Are you at least 18 years old? Yes No Best time to contact you at home is..... ____:____

Have you ever filed an application with us before? If yes, give date _____ Yes No

Have you ever been employed with us before? If yes, give date _____ Yes No

Do any of your friends, relatives, other than spouse, work here? Yes No

If yes, state name, relationship, and location _____

Are you currently employed?..... Yes No May we contact your present employer?..... Yes No

Are you legally eligible for employment in the USA?.. *Proof of work authorization status will be required upon employment*..... Yes No

Are you bilingual? Yes No If yes, what languages do you speak? _____

Date available for work _____ Full Time Part Time Temporary Desired Salary Range _____

Are you currently on "lay-off" status and subject to recall? Yes No

Many field roofing positions require employees to transport themselves directly to job site, which might also be outside the range of public transportation. Some field positions require an employee to drive a company vehicle. Do you have a valid Driver's License? Yes No

If yes, what state? ____ CDL License? Yes No If yes, what class? _____ Can you travel if the job requires it? Yes No

What is your primary form of transportation to and from work? Personal vehicle Carpool Public Transportation
Your form of transportation will be considered only as it relates to the job in question.

Have you been convicted of a felony? Explain If so..... Yes No
A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.

COMMERCIAL TRADE EXPERIENCE:

- | | | | | |
|--|--|---|--|---|
| <input type="checkbox"/> EPDM/Rubber | <input type="checkbox"/> Modified/Bitumen | <input type="checkbox"/> Sheet Metal Installation | <input type="checkbox"/> Metal Roofing | <input type="checkbox"/> Green/Vegetative Roofs |
| <input type="checkbox"/> Thermoplastic/TPO/PVC | <input type="checkbox"/> Sheet Metal Fabrication | <input type="checkbox"/> Built-up/Asphalt | <input type="checkbox"/> Wall Panels | <input type="checkbox"/> Solar Panels |
| <input type="checkbox"/> Repair/Maintenance | <input type="checkbox"/> Other (specify) _____ | | | |

RESIDENTIAL TRADE EXPERIENCE:

- Shingles Slate/Tile Cedar Shakes Gutters/Downspouts Solder Solar Panels Other _____

TRADE SKILLS / CERTIFICATIONS:

- | | | | | |
|--|---|--|--|--|
| <input type="checkbox"/> Mop Asphalt | <input type="checkbox"/> Boom Truck Operation | <input type="checkbox"/> Roof-Related Perimeter Metal Work | <input type="checkbox"/> Torch Modifieds | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Single-ply Layout | <input type="checkbox"/> Kettle Operation | <input type="checkbox"/> Specialty Sheet Metal/Solder | <input type="checkbox"/> Aerial Arm | <input type="checkbox"/> Hot Air Welding |
| <input type="checkbox"/> EPDM Flashing/Seams | <input type="checkbox"/> Forklift | <input type="checkbox"/> Other (specify) _____ | | |

SAFETY CERTIFICATIONS: Accident Prevention and your Safety Protection is our culture.

- OSHA 10hr____ 30hr____ CPR Aerial Arm Forklift Crane Other Safety-Related Training (specify) _____

<p>Physical Requirements and Essential Job Functions of a <u>Field Position:</u></p> <ul style="list-style-type: none"> • Ability to lift 50 lbs regularly, 100lbs as needed, often bulky items • Ability to stand/walk, pull, bend over, & work on knees consistently. • Ability to work at heights and use ladders. • Physically able to tolerate work outdoors at varying temperatures. 	<p>Are you capable of physically performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job (detailed left) for which you have applied?</p> <p style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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EDUCATION

School	Name & Address of School	Course of Study	No. of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Vocational/Professional				

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected statuses.

Employer	Dates Employed		Work Performed
Phone	From	To	
Address			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason For Leaving		May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
Phone	From	To	
Address			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason For Leaving		May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach resume or additional pages if necessary

Please indicate any additional job-related experience or information: _____

REFERENCES Do not include family members

Name	Phone Number	Best Time to Call	Occupation
1.)			
2.)			
3.)			

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. 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 the 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.

Signature of Applicant (Sign or Type)

Date

SEND APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER: INCLUDES BUT NOT LIMITED TO PROTECTED VETERANS, MINORITIES, WOMEN, DISABLED, AND ACTIVE MILITARY. WE ARE PROUD TO SUPPORT MEMBERS OF THE UNITED STATES' VETERAN AND MILITARY GROUPS.