



# Washington Roofing Company

1700 SW Hwy 18 \* McMinnville Oregon 97128  
503-472-ROOF Fax 503-472-3394  
wrc@washingtonroofingcompany.com  
Licensed & Bonded CCB#55201

## APPLICATION FOR EMPLOYMENT

Name: \_\_\_\_\_ Date: \_\_\_\_\_, 20 \_\_\_\_  
Last Name First Name Middle Name

Address: \_\_\_\_\_ Social Security Number \_\_\_\_\_ Hrs Available: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

Are you legal to work in the United States?  Yes  No Are you 18 years or older?  Yes  No

Are you able to perform the essential job functions listed on the back side of this applicant?  Yes  No

### DRIVER'S LICENSE INFORMATION-FOR INSURANCE PURPOSES

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ DOB: \_\_\_\_\_

Do you have any traffic convictions in the last five (5) years?  Yes  No

If Yes, please explain: \_\_\_\_\_

Has your license been revoked or suspended in the last five (5) years?  Yes  No

If Yes, please explain: \_\_\_\_\_

Have you had any accidents during the past five (5) years? ?  Yes  No

If Yes, please explain: \_\_\_\_\_

### EXPERIENCE (START WITH THE MOST RECENT)

NAME OF COMPANY	FROM	TO	LIST YOUR DUTIES	REASON FOR LEAVING

### EDUCATION

SCHOOL	NAME OF SCHOOL	CITY	COURSE	GRADUATE?
HIGH				
OTHER				

### REFERENCES

NAME	ADDRESS / PHONE #	OCCUPATION

### SPECIAL SKILLS OR TRAINING (that may qualify you for work with our company)

\_\_\_\_\_  
\_\_\_\_\_

### APPLICANT'S STATEMENT

I certify that statements made by me on this form are true and correct. I understand that if employed, any false statement on this application can be considered cause for dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. **I authorize and understand that pre-employment drug testing is required and may be paid for at applicants expense.**

Signature \_\_\_\_\_

Date \_\_\_\_\_



Washington Roofing Company  
1700 SW Hwy 18  
McMinnville, OR 97128  
CCB # 55201

Phone: 503-472-7663  
Fax: 503-472-3394  
wrc@washingtonroofingcompany.com

### **Essential Job Functions**

The following are essential functions of working for Washington Roofing:

- Ability to follow safe work practices (OSHA standard of safety is to be considered a minimum)
- Ability to climb ladders
- Ability to lift greater than 25 lbs
- Ability to balance, while walking on roofs, climbing ladders, other common related roofing activities
- Ability to bend and stoop
- Ability to walk at heights
- Ability to work at heights greater than 10'
- Ability to work in hot, cold, and rainy weather
- Ability to work with repetitive motion while working with common roofing tools and equipment
- Ability to work with vibrating equipment
- Ability to work with common roofing noises
- Ability to work safely with common roofing chemicals and fumes
- Ability to travel long distances