

AQUA SEAL MANUFACTURING & ROOFING, INC.
APPLICATION FOR EMPLOYMENT

Position Desired: _____ Full Time Part Time Date: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER
APPLICANT'S STATEMENT

I understand that if I am hired, my employment will be AT WILL and for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the company has the same right for any reason that either may consider sufficient. No one other than the President of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing. I ACKNOWLEDGE THAT, IF HIRED, I WILL BE AN AT-WILL EMPLOYEE.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law, and as such, I hereby give my consent for such test(s).

I authorize the Company to investigate my driving record, criminal record, work history and credit history, and I understand that an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, prior employers, friends and others with who I am acquainted. This inquiry would include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. If I am hired, I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to release it from all liability and hold it harmless for providing such information.

I further understand that this application will become a permanent part of my personnel record if I am hired.

I certify that all of the information that I provide on this application and in any interview will be true and accurate, I understand that if I am employed and any such information is later found to be false or misleading in any request, I may be dismissed.

I EXPRESSLY UNDERSTAND THAT IF I AM HIRED THAT FOR ALL CLAIMS, CONTROVERSIES, DIFFERENCES OR DISPUTES BETWEEN THE COMPANY AND ME ARISING OUT OF OR RELATING TO ANY ASPECT OF THE EMPLOYMENT RELATIONSHIP OR THE TERMINATION THEREOF (WHETHER BY COMMON LAW OR FEDERAL OR STATE STATUTES), INCLUDING ALL TITLE VII CLAIMS OF SEXUAL HARASSMENT OR DISCRIMINATION BASED UPON GENDER, RACE, DISABILITY OR NATIONAL ORIGIN, EXCLUDING THE RIGHT OF THE COMPANY OR ME TO SEEK INJUNCTIVE RELIEF, SHALL BE SETTLED BY ARBITRATION IN ACCORDANCE WITH THE RULES THEN IN EFFECT OF THE AMERICAN ARBITRATION ASSOCIATION AT THE TIME OF THE DISPUTE. THE ARBITRATOR(S) CAN ONLY AWARD ACTUAL AND NOT PUNITIVE, TREBLED, STATUTORILY DEFINED OR EXEMPLARY DAMAGES. THE PARTIES AGREE THAT THE ARBITRATOR(S) MAY INCLUDE PROVISIONS FOR THE PAYMENT OF COSTS AND EXPENSES, INCLUDING REASONABLE ATTORNEY'S FEES AS PART OF ANY RULING OR AWARD MADE THEREUNDER. I ACKNOWLEDGE THAT ARBITRATION SHALL BE THE SOLE, MANDATORY, FINAL, BINDING, CONCLUSIVE AND EXCLUSIVE REMEDY OF THE PARTIES WITH RESPECT TO ANY SUCH MATTER FOR WHICH ARBITRATION IS REQUIRED REGARDING THE EMPLOYMENT OR POST-EMPLOYMENT DISPUTE. I UNDERSTAND THAT THIS MEANS I HEREBY WAIVE THE RIGHT TO HAVE THE MATTER HEARD AND TRIED BEFORE A JUDGE OR A JURY IN A COURT OF LAW.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT

Date

Signature of Applicant

1 This application of Employment shall also apply to all applicants of any affiliate of Aqua Seal Manufacturing & Roofing, Inc.

2 ALL DISPUTES CONCERNING THIS APPLICATION AND THE EMPLOYMENT RELATIONSHIP, IF ONE ARISES, ARE SUBJECT TO BINDING ARBITRATION.

PERSONAL DATA

Name _____ Social Security No. _____

(Print) Last First Middle

Present Address _____ How long have you lived there? _____

Street and Number City State Years Months

Telephone No. _____ Are you 18 years of age or older? [] Yes [] No

Have you ever worked for this Company before? [] Yes [] No If Yes, please give dates and position:

Do you have any friends or relatives working here? [] Yes [] No If Yes, Name: _____ Relationship: _____

How would you get to and from work? _____

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime? [] Yes [] No

If Yes, please give dates and details of each: _____

NOTE: Answering "Yes" to this question does not constitute an automatic bar to employment. Only those Crimes which are substantially related to the position you are seeking will be considered.

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of you present of previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. Please inform us which employers may be contacted by you for inquiries.

Previous Employer: _____ Telephone: _____

Address (City, State, Zip Code): _____

Employed From (mo/yr) : _____ To (mo/yr): _____

Pay Start \$ _____ Final \$ _____

Your Title/Position: _____

Name and Title of Last Supervisor: _____

Reason for Leaving: _____

Previous Employer : _____ Telephone: _____

Address (City, State, Zip Code): _____

Employed From (mo/yr) : _____ To (mo/yr): _____

Pay Start \$ _____ Final \$ _____

Your Title/Position: _____

Name and Title of Last Supervisor: _____

Reason for Leaving: _____

Previous Employer: _____ Telephone: _____

Address (City, State, Zip Code): _____

Employed From (mo/yr) : _____ To (mo/yr): _____

Pay Start \$ _____ Final \$ _____

Your Title/Position: _____

Name and Title of Last Supervisor: _____

Reason for Leaving: _____

Previous Employer: _____ Telephone: _____

Address (City, State, Zip Code): _____

Employed From (mo/yr) : _____ To (mo/yr): _____

Pay Start \$ _____ Final \$ _____

Your Title/Position: _____

Name and Title of Last Supervisor: _____

Reason for Leaving: _____

Have you ever been terminated or asked to resign from any job? Yes No If Yes, please explain circumstances:

Please explain fully any gaps in your employment history:

May we contact your current employer? Yes No. If No, please explain:

PREVIOUS EXPERIENCE

Please describe any previous experience that you have in the position for which you are applying or in any similar or related position.

EDUCATION

School Name	Years Completed: (circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training, experience, Skills, and Extra- curricular Activities
Elementary	4 5 6 7 8			
High School	9 10 11 12			
College/University	1 2 3 4			
Graduate/Professional	1 2 3 4			
Trade or Correspond.				
Other				

EMERGENCY INFORMATION

In case of an accident or other emergency, who should we contact?

Name: _____ Relationship: _____

Home Address: _____ Telephone: _____
Street City State

Work Address: _____ Telephone: _____
Street City State

PERSONAL REFERENCES

Please list persons who know you well- Not previous employers or relatives

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

JOB FUNCTIONS

Can you perform the job-related functions of the job (essential and/or marginal) with or without reasonable accommodation? Yes No If No, please describe what can be reasonably done to accommodate you to be able to perform the essential job-related functions?

Voluntary Survey

Government agencies at times require periodic reports on the sex, ethnicity, and other protected status of applicants. This data is for analysis and possible affirmative action only. SUBMISSION OF INFORMATION IS VOLUNTARY.

Check One: Male Female

Check one of the following:

Race/Ethnic/Group: White Black Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander Other

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCUATE.

Date

Signature of Applicant