

Este Empleador Participa en E-Verify



E-Verify™



Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

IMPORTANTE: En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben

restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

A V I S O:

La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa,

o ha discriminado en contra suya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification.  Done.

Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

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This SWA will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each applicant's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this SWA is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

SWA and employers may not use E-Verify to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

If you believe that your SWA has violated its responsibilities under this program or has discriminated against you during the verification process

based upon your national origin or citizenship status, please call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification  Done.

For more information on E-Verify, please contact DHS at:

1-888-464-4218



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AMERICAN ROOFING & METAL CO.

ARBITRATION AGREEMENT

PLEASE READ AND SIGN THIS PAGE BEFORE COMPLETING THE APPLICATION FORM. AFTER SIGNING, RETURN THIS FORM TO RECEPTIONIST WHO WILL PROVIDE YOU AN APPLICATION FORM.

American Roofing & Metal Co. has adopted binding arbitration as a process to resolve all employment-related disputes. This includes those disputes involving applicants. Before American Roofing & Metal Co. will consider anyone as an applicant; he/she must agree to submit to binding arbitration any legal claims which he/she chooses to bring against American Roofing & Metal Co. Any claims filed regarding the application process will be governed by the provisions of American Roofing & Metal Co.'s "Open Door Policy for Dispute Resolution." A copy is available and will be provided upon request.

X

Applicant's Signature (Firma del aplicante)

X

Date (Fecha)

AMERICAN ROOFING & METAL CO.

APPLICATION FOR EMPLOYMENT

AMERICAN ROOFING & METAL CO. is an equal opportunity employer. As such, employment decisions for applicants and employees are made without regard to race, color, religion, sex, age (if over 40), national origin or disability (if able to perform the essential functions of the job with or without the aid of a reasonable accommodation). If you require assistance in completing this application, please inform the supervisor.

PERSONAL INFORMATION

SOCIAL SECURITY NUMBER

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

What was your previous address?	How long at present address? _____ Years
	How long at previous address? _____ Years
Have you ever been bonded: Yes ____ No ____ If "yes" with what employers?	
State names of relatives and/or friends working for AMERICAN ROOFING & METAL	

PHONE NO. _____ ARE YOU AT LEAST 18YRS. OF AGE? YES ___ NO ___

WILL YOU WORK OVERTIME IF ASKED? YES ___ NO ___

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES ___ NO ___

IF YES, CAN YOU PROVIDE DOCUMENTS TO ESTABLISH YOUR ELIGIBILITY?
(I.E., PASSPORT, DRIVERS LICENSE, SOCIAL SECURITY CARD) YES ___ NO ___

HAVE YOU BEEN CONVICTED OF, RECEIVED DEFERRED ADJUDICATION IN,
OR PLEAD GUILTY TO A FELONY OFFENSE? YES ___ NO ___

Convection or deferred adjudication will not necessarily disqualify an applicant from employment.

IF YES, PLEASE EXPLAIN:

EMPLOYMENT DESIRED

POSITION _____ DATE YOU _____ SALARY/PAY _____
 CAN START _____ DESIRED _____

ARE YOU PRESENTLY EMPLOYED? YES ___ NO ___ IF SO, MAY WE INQUIRE OF YOUR
 PRESENT EMPLOYER YES ___ NO ___

EVER BEEN EMPLOYED BY AMERICAN ROOFING & METAL OR ANY OF ITS AFFILIATES
 BEFORE? _____ WHERE? _____ WHEN? _____

If additional space is needed, please attach extra pages. List all institutions attended.

EDUCATION	NAME AND LOCATION	NO. OF YEARS ATTENDED	DID YOU GRAUDATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS				
CORRESPONDENCE SCHOOL				

SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE:

U.S. MILITARY OR
 NAVAL SERVICE _____ RANK _____ PRESENT MEMBERSHIP IN
 NATIONAL GUARD OR RESERVES _____

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARING WITH LAST ONE FIRST)

COMPANY NAME	TELEPHONE
ADDRESS	EMPLOYED: STATE MONTH AND YEAR FROM: TO:
NAME OF SUPERVISOR	WEEKLY PAY START LAST:
STATE JOB TITLE & DESCRIBE YOUR WORK	REASON FOR LEAVING:

FORMER EMPLOYERS – Continued

COMPANY NAME	TELEPHONE
ADDRESS	EMPLOYED: STATE MONTH AND YEAR FROM: TO:
NAME OF SUPERVISOR	WEEKLY PAY START: LAST:
STATE JOB TITLE & DESCRIBE YOUR WORK	REASON FOR LEAVING:

COMPANY NAME	TELEPHONE
ADDRESS	EMPLOYED: STATE MONTH AND YEAR FROM: TO:
NAME OF SUPERVISOR	WEEKLY PAY START: LAST:
STATE JOB TITLE & DESCRIBE YOUR WORK	REASON FOR LEAVING:

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer Number _____ Reason _____

Employer Number _____ Reason _____

HAVE YOU EVER BEEN ASKED TO RESIGN FROM ANY EMPLOYMENT? YES ___ NO ___

IN CASE OF EMERGENCY NOTIFY _____ **PHONE** _____

REFERENCE:

GIVE THE NAMES OF (3) PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS AND TELEPHONE	BUSINESS	YEARS ACQUAINTED

I here by certify that the foregoing statements are true and correct and I understand that any false statements or omission of material information may be considered as sufficient cause for rejection of this application or for dismissal from employment if such false statement or omission is discovered subsequent to employment.

I understand and agree that, if employed, my employment is for no definite period and that I may be terminated at any time without any prior notice, regardless of the date of the date of payment of my wages or salary. If this application is considered favorably, I agree to abide by the comply with all rules and regulations of the Company as they currently exist and/or as they are modified from time to time during my employment relationship. I specifically agree to abide by the Company's policy prohibiting harassment as it exists or is modified during my employment.

Note: I agree to submit any disputes I may have regarding the application process, including the possibility that I am not hired, to binding arbitration.

X _____
Date (Fecha)

X _____
Applicant's Signature (Firma del aplicante)

OFFICE USE ONLY

INTERVIEWED BY _____ DATE _____

HIRED YES ___ NO ___ POSITION _____ DEPT _____

FULL-TIME PART-TIME PERMANENT PART-TIME TEMPORARY

SALARY/WAGE _____ DATE REPORTING TO WORK _____

APPROVED: 1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER DEPT. HEAD DIRECTOR