



Dear Applicant:

Thank you for your interest in Baker Roofing. The following packet includes all documentation required by Baker Roofing from each job applicant. Upon completion and verification of each of the documents enclosed, your application will be finalized. We are pleased that you sought an opportunity with Baker Roofing and look forward to evaluating your application. Please note that any job offer made to you is conditional on the completion and verification of all documentation within this packet. Thank you!

Enclosed:

- This Cover Page
- Notice of E-Verify Program
- Application for Employment (3 pages)
- Self - Identification Form - Race and Gender (1 page)
- Motor Vehicle Record Release Form (1 page)
- Background Reference Check Form (2 pages)
- Drug and Alcohol Testing Notice (1 page)
- Notice of Pay for New Hire Orientation (1 page)

For office use only

INTERVIEWER	DATE	OUTCOME / REASON

DOCUMENTS RECEIVED	
<input type="checkbox"/> Resume <input type="checkbox"/> Reference Checks <input type="checkbox"/> Interview Record <input type="checkbox"/> Payroll/Status Change Notice <input type="checkbox"/> Background check	<input type="checkbox"/> MVR <input type="checkbox"/> EEO <input type="checkbox"/> Hiring Checklist

This Employer Participates in E-Verify



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

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer 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.

Employers may not use E-Verify to pre-screen job applicants or 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 employer 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



E-VERIFY IS A SERVICE OF DHS AND SSA

WE SHALL DO GOOD WORK
AT A PROFIT IF WE CAN
AT A LOSS IF WE MUST
BUT ALWAYS GOOD WORK

Back in 1915 the founder of Baker Roofing Company (W. P. Baker) hung this sign in the Baker Roofing offices to communicate our commitment to our customers.

Today this sign still hangs in our offices and it is a daily reminder to the values that drive us as a team, and an organization.



APPLICATION FOR EMPLOYMENT

HR USE ONLY

COMPANY **BAKER ROOFING COMPANY**
 ADDRESS PO BOX 26057
 CITY RALEIGH, NC, 27611

Applicant No.	_____
Employee No.	_____
Company No.	_____
Location	_____
Date Employed	_____
Reviewed By	_____

**APPLICANT TO COMPLETE ALL INFORMATION REQUESTED
PLEASE PRINT**

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

How did you hear about us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Website
<input type="checkbox"/> Telephone Guide	<input type="checkbox"/> Radio
<input type="checkbox"/> Employee Referral	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Friend	<input type="checkbox"/> Other
<input type="checkbox"/> Relative	

Position Applied For: _____ Date _____

Location: _____

Name _____ Alias / Preferred Name: _____
First Middle Last

Present address _____
No. Street City State Zip

Previous address _____
No. Street City State Zip

Telephone Number () _____ Cell Phone () _____ Email _____

Do you have a legal right to be employed in the United States? Yes (proof will be required) No

Are you over the age of 18? Yes No

Do you have a Driver License? Yes No If yes, License number _____ State _____

Do you have dependable transportation to meet attendance requirements of the position? Yes No

Have you ever been convicted of a crime, excluding minor traffic violations (a conviction does not necessarily exclude you from employment) Yes No If "YES" Explain: _____

COMPANY EXPERIENCE

Have you worked for this company before? _____ Dates: From _____ To _____
Month/Year Month/Year

Where? _____ Rate of Pay _____ Position _____

Reason for leaving _____

GENERAL INFORMATION

Are you currently employed? _____ If not, when was your last day employed? _____

Position applying for _____ Full Time Part Time Temporary Seasonal

Who referred you? _____ Rate of pay expected _____

Do you speak another language? Yes No Please Specify _____

517 MERCURY ST., RALEIGH, NC 27603 * P.O. BOX 26057, RALEIGH, NC 27611 * 800-849-4096 * 919-828-2975 * FAX 919-828-9352
 RALEIGH * GREENSBORO * WILMINGTON * CHARLOTTE * ROCKLEDGE & BOYNTON BEACH, FL.
 www.bakerroofing.com

BAKER ROOFING IS AN EQUAL OPPORTUNITY EMPLOYER

EDUCATIONAL BACKGROUND

Type of School	Name and City	Did you Graduate?	Course or Major
College			
Technical School			
High School			
Other			

LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

COMPANY NAME	DATES WORKED		POSITION(S) HELD
	FROM	TO	
ADDRESS, CITY, STATE, ZIP	DUTIES/RESPONSIBILITIES		
PHONE NO. ()			
TYPE OF BUSINESS			
NAME OF SUPERVISOR	REASON FOR LEAVING		
BASE STARTING WAGE per <input type="checkbox"/> HOUR	ENDING/CURRENT per <input type="checkbox"/> HOUR	<input type="checkbox"/> BONUS	WORK
GROSS INCOME \$ <input type="checkbox"/> YEAR	\$ <input type="checkbox"/> YEAR	<input type="checkbox"/> INCENTIVES	HOURS:

COMPANY NAME	DATES WORKED		POSITION(S) HELD
	FROM	TO	
ADDRESS, CITY, STATE, ZIP	DUTIES/RESPONSIBILITIES		
PHONE NO. ()			
TYPE OF BUSINESS			
NAME OF SUPERVISOR	REASON FOR LEAVING		
BASE STARTING WAGE per <input type="checkbox"/> HOUR	ENDING/CURRENT per <input type="checkbox"/> HOUR	<input type="checkbox"/> BONUS	WORK
GROSS INCOME \$ <input type="checkbox"/> YEAR	\$ <input type="checkbox"/> YEAR	<input type="checkbox"/> INCENTIVES	HOURS:

WORK REFERENCES

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE		
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE		
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

EMERGENCY CONTACT INFORMATION

NAME	
EMERGENCY HOME PHONE	EMERGENCY OTHER PHONE
RELATIONSHIP TO APPLICANT	

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature

Date



ROOFING AND SHEET METAL CONTRACTORS

"ENGINEERING NEWS"
TOP TEN ROOFING CONTRACTORS

**FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION
DISCLOSURE**

We may choose to secure and use information about you contained in either a consumer report or investigative consumer report obtained from a consumer reporting agency when: (1) considering your application for employment (2) deciding whether to offer you employment (3) deciding whether to continue your employment or (4) making other employment-related decisions directly affecting you.

For explanation purposes, a "consumer reporting agency" is a person or business that, on a cooperative nonprofit basis, or for monetary fees or dues, regularly assembles or evaluates consumer credit information or other information on consumers for a person who has a legitimate business need for the information or intends to use the information for employment purposes.

A "consumer report" means any written oral or other communication of any information by consumer reporting agency bearing on your credit worthiness, credit, standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An "investigative consumer report" means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for employment. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for us to procure consumer reports at any time during the employment period.

(Signature)

(Date)

(Printed)



ROOFING AND SHEET METAL CONTRACTORS

"ENGINEERING NEWS"
TOP TEN ROOFING CONTRACTORS

Notice to All Applicants and Employees

Drug and Alcohol Testing

Baker Roofing Company prohibits the use, possession, sale, manufacture or distribution of alcohol and/or illegal or unauthorized drugs or other substances on Company premises and/or during working time or hours. Employees are also prohibited from reporting to work or being at work while under the influence of, or being impaired or otherwise affected by, such substances. Violation of this policy will result in disciplinary action, up to and including discharge. Any employee who either tests positive or refuses to cooperate with the procedures will be subject to disciplinary action, up to and including discharge. Further, employees who test positive may not be entitled to full Worker's Compensation benefits.

The policy provides for testing under the following conditions: applicant screening, fitness-for-duty, reasonable cause, post-accident, safety sensitive, random, and in accordance with customer requirements.

You will be subject to a drug and/or alcohol test when any of the following occur:

- You are involved in a work-related accident or incident;
- You are involved in or the cause of a vehicle accident;
- You have a vehicle call in;
- You are involved in property damage;
- You are involved in any incident which results in any injury;
- There is reasonable cause to suspect drug or alcohol use;
- You work in a safety-sensitive position;

■ All employees are required by law to notify management of any conviction for a drug-related offense within 48 hours of such convictions as required by the Company policy and the Drug Free Work Place Act of 1988.

Where Baker Roofing Company determines testing is necessary, employees must cooperate in the collection of an appropriate specimen administered by qualified medical /laboratory personnel or trained personnel designated by Baker Roofing Company, and in drug test or alcohol test, as the case may be. A Company-approved biomedical-testing laboratory or trained personnel with demonstrated expertise and procedures to ensure proper handling and reporting of results will conduct testing of the specimen. Every specimen which tests positive will be subjected to confirmatory testing done in accordance with applicable policies. Every effort will be made to ensure confidentiality.

ACKNOWLEDGEMENT

I acknowledge that I have been informed of Baker Roofing Substance Abuse Policy, including the fact that, as an employee, I am subject to drug and alcohol testing.

Name
Date: _____

Witness



ROOFING AND SHEET METAL CONTRACTORS

"ENGINEERING NEWS"
TOP TEN ROOFING CONTRACTORS

Notice of Pay for New Hire Orientation

New Hire Orientation

Please note that upon hire you will be scheduled for new hire orientation. This orientation is to be paid at \$8.00 per hour regardless of your agreed upon hourly pay rate.

ACKNOWLEDGEMENT

I acknowledge that I have been informed of Baker Roofing's rate of pay for new hire orientation.

Printed Name

Signature

Date: _____



FLEET MANAGEMENT

Vehicle Certification / Motor Vehicle Record Release

Applicant
 Subcontractor
 Re Hire
 Existing Employee

NAME: _____

EMPLOYEE NUMBER: _____

DEPARTMENT: _____

DRIVER'S DATE OF BIRTH: _____

LICENSE NUMBER: _____
(ATTACH ONE COPY)

DRIVER'S ADDRESS: _____

STATE: _____

EXPIRATION DATE: _____

AS A ROUTINE PART OF OUR DUE DILIGENCE EFFORT, BAKER ROOFING COMPANY INTENDS TO CONDUCT A VERIFICATION OF YOUR DRIVING HISTORY. TO FACILITATE EASY ACCESS TO ALL INFORMATION NECESSARY, PLEASE READ, COMPLETE, AND SIGN THIS FORM.

THE ABOVE INDIVIDUAL OR EMPLOYEE HAS MADE APPLICATION WITH US AS A DRIVER. HE/SHE HAS INDICATED THAT THE ABOVE NUMBERED OPERATOR'S LICENSE OR PERMIT HAS BEEN ISSUED BY YOUR STATE TO HIM/HER AND THAT IT IS IN GOOD STANDING.

THEREFORE, PLEASE CERTIFY TO US WHAT THE INDIVIDUAL'S DRIVING RECORD IS FOR THE PRECEDING 7 YEARS OR CERTIFY THAT NO DRIVING RECORD EXISTS IF THAT WERE THE CASE.

I authorize all appropriate state specific departments of motor vehicles to release all written and verbal information about me regarding my driving history to Zurich, KNAUFF, and BAKER ROOFING COMPANY. I release and agree to hold each ZURICH, KNAUFF, and BAKER ROOFING COMPANY harmless from all liability and responsibility for doing so. I understand and authorize the procurement of a motor vehicle report (MVR) at this time and any time throughout the duration of my employment with BAKER ROOFING COMPANY.

This release in original or copy form is valid now and throughout my employment with Baker Roofing Company. I agree with all the provisions shown in the disclosure form and have been provided a copy of this document.

APPLICANT/EMPLOYEE SIGNATURE DATE

FOR OFFICE USE ONLY:

VEHICLES	VEHICLE AUTHORIZATION/CERTIFICATION COMPLETED DATE (TRAINERS SIGNATURE AND DATE REQUIRED FOR ALL APPLICABLE LINES)	NEW ID CREATED:
CAR/VAN/PICKUP		
SIX-WHEELED VEHICLE		
C.D.L.		
CRANE OPERATOR		
CRANE DRIVER		
NONE		

MVR reviews will be conducted on a semi-annual basis.



reference

C H E C K I N G

Authorization to Obtain Records and Other Information for Employment Purposes

NAME (First, Middle (full), Last)		PAST LEGAL NAMES or ALIAS (First, Middle (full), Last)	
CURRENT STREET ADDRESS, CITY, STATE, ZIP		HOW LONG?	
FIRST PREVIOUS STREET ADDRESS, CITY, STATE, ZIP		HOW LONG?	
SECOND PREVIOUS STREET ADDRESS, CITY, STATE, ZIP		HOW LONG?	
APPLICANT SOCIAL SECURITY NUMBER	DATE OF BIRTH	DRIVER'S LICENSE # AND STATE ISSUED	MALE / FEMALE (circle one)

WAIVER

I hereby authorize Capital Associated Industries Services Corporation (CAI) to prepare a consumer report that will include my present and previous employment information, including salary as well as work performance. I also authorize CAI to verify my past and present driving records, education records, credit history, professional credentials, and other records as may be appropriate. I further authorize CAI to perform a criminal records search.

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement or omission of information on my application form may result in my termination. I further understand that this application is not intended to be a contract of employment, nor does this application serve as an obligation in any way to employ me or not to employ me.

I hereby fully waive any rights or claims that I have or may have against all current and/or former employers, and their agents, employees, and representative and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against you and any outside agency utilized by you as a result of any information which is obtained in this investigation.

California, Minnesota and Oklahoma residents only:

I want to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report on me that is requested. Yes No

New York employers and residents only: By signing this consent form I acknowledge receipt of a copy of Article 23-A of New York Corrections Law.

SIGNATURE	DATE
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For office use only

Fax to 1-919-876-6272

COMPANY NAME	REQUESTOR
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- Criminal Record Credit Report Motor Vehicle Record Social Sec. No. Trace OIG Federal Record

For Georgia criminal searches only: (must check one)

- Employment with Mentally Disabled (Purpose Code M) Employment with Children (Purpose Code W)
 Employment with Elder Care (Purpose Code N) None Apply

CRIMINAL (where) 1	2	3
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EMPLOYMENT 1	2	3
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PROFESSIONAL LICENSE VERIFICATION	EDUCATION VERIFICATION
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