

We Participate in E-Verify



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



E-VERIFY IS A SERVICE OF DHS AND SSA

Horning Roofing & Sheet Metal Company, LLC

APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone #	Cell Phone #		
Date Available	Social Security Number	Desired Salary	
Position Applied For			
Are you a citizen of the United States? Yes No If no, are you authorized to work in the US? Yes No			
Have you ever worked for this company? Yes No If so, when?			
Have you ever been convicted of a felony? Yes No If yes, explain?			

EDUCATION					
High School		Address			
From	To	Did you graduate?	Yes	No	Degree
College		Address			
From	To	Did you graduate?	Yes	No	Degree
Other		Address			
From	To	Did you graduate?	Yes	No	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for leaving	
May we contact your previous supervisor for a reference? Yes No			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for leaving	
May we contact your previous supervisor for a reference? Yes No			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for leaving	
May we contact your previous supervisor for a reference? Yes No			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Signature _____

Interviewed by _____ Date _____

Remarks _____

Hired	For Dept	Position	Will Report	Wages
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Please complete and submit the attached Application Background Questionnaire, OMB No. 1225-0072, with your application. Submission of this form is optional. Data collected will be used only in the aggregate, to assess the effectiveness of outreach efforts. Consideration for this job will not be affected by failure to submit the form.

U.S. DEPARTMENT OF LABOR FORM APPROVED

OMB No. 1225-0072

APPLICANT BACKGROUND QUESTIONNAIRE (Exp. 11-30-2003)

<p>The U.S. Department of Labor is requesting your completion of this form to assist the agency in evaluating and improving its efforts to publicize job openings and to encourage applications for employment from a diverse group of qualified candidates, including minorities and persons with disabilities. The Department will use the data you supply to determine how many applicants are from different groups and how many of these applicants are qualified for the job in question. The Department will then assess the effectiveness of specific outreach efforts and means of communicating information on job vacancies in light of this information.</p>	<p>Information provided on this form will be used for program evaluation. Personal identifying information will not be included in the tabulation of data in the DOL database.</p>
<p>EFFECTS OF NONDISCLOSURE: Providing the information requested on this form is voluntary. This information will have no effect on hiring decisions.</p>	<p>The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the U.S. Department of Labor, Human Resource Services Center, FPB, Washington, D.C. 20210; and the Office of Management and Budget, Paperwork Reduction Project, Washington, D.C. 20503.</p>
<p>Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.</p>	<p>Solicitation of this information is in accordance with 5 CFR Section 720, "Federal Equal Opportunity Recruitment Program" (FEORP).</p>

PLEASE COMPLETE THE FOLLOWING:

<p>Name:</p>	<p>Do you have a Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If You checked "Yes" above, is your disability one of the targeted disabilities listed below? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Blind Deaf Missing Extremity(s) Partial Paralysis Complete Paralysis Convulsive Disorder Mental Retardation Mental Illness Genetic or physical condition affecting limbs or spine</p>
<p>Sex:</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	
<p>Title, Grade, and Announcement Number Of Position for which applying:</p>	

ETHNIC SELF-IDENTIFICATION

Are you Hispanic, Latino, or of Spanish Origin? (Definition: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Yes No

RACE SELF-IDENTIFICATION

Please read the descriptions, then mark one or more races to indicate what you consider yourself to be.

American Indian or Alaska Native --- A person having origins in any of the original peoples of North and South America

(including Central America), and who maintains tribal affiliation or community attachment.

Asian --- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American --- A person having origins in any of the black racial groups of Africa.

Native Hawaiian or --- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Other Pacific Islander Islands.

White --- A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

SOURCE OF INFORMATION ABOUT THIS VACANCY: (Check all that apply)

- 1. Magazine
- 2. Newspaper
- 3. Radio/Television Broadcast
- 4. Agency Personnel Office
- 5. State Employment Office
- 6. Government Recruitment at School

- 7. Federal, State, or Local Job Info. Center
- 8. Friend or Relative Working for the Agency
- 9. Internet
- 10. Federal/DOL Jobsline
- 11. Other