

ROYAL-WEST ROOFING & SHEET METAL L.L.C.

EMPLOYMENT APPLICATION

(PLEASE PRINT & USE INK)

Date: _____

Telephone No.: (____) _____

Name: _____ Social Security No.: _____
Last First Middle

Address: _____
Street City State Zip How long at this Address

Previous Address: _____
Street City State Zip How long at this Address

Are you 18 Years of age or older? ☐ Yes ☐ No If not, state your age: _____

Are you a citizen of the United States or do you have a valid work permit? ☐ Yes ☐ No

Have you ever been convicted of a Felony? ☐ Yes ☐ No If Yes, When: _____

To: _____ Where: _____ Disposition of Offenses: _____

In case of emergency notify:

Name Phone No.

Address City State Relationship

Have you ever been employed by Royal-West? ☐ Yes ☐ No

If yes, when: _____ to: _____ Where: _____

Job applying for: _____ Years of related experience: _____

Rate of pay expected: _____ Date available to start: _____

List any relative currently working for us: _____

Do you have any physical limitations which would adversely affect performance of the job for which you are applying? ☐ Yes ☐ No

If yes, please explain: _____

Education

Type of School	Name/Address/City/State	Yrs. Att.	Graduated (Circle One)	Course/Degree
Grammar/Grade			Yes No	
High School			Yes No	
College/Trade			Yes No	

Employment History

(List in order, last or present employer first and account for last 3 years)

Present or Last Employer	Address No. and Street	City	State	Zip
Name of supervisor	Telephone No.	Start date Mm/dd/year	Leaving Date Mm/dd/year	Salary/Wages Starting: _____ Final: _____
Job Title/Position	Reason for leaving			

Present or Last Employer	Address No. and Street	City	State	Zip
Name of supervisor	Telephone No.	Start date Mm/dd/year	Leaving Date Mm/dd/year	Salary/Wages Starting: _____ Final: _____
Job Title/Position	Reason for leaving			

May we contact you present or former employers? ☐ Yes ☐ No

If not, which one? _____

I, the undersigned understand and agree that:

1. Employers for whom I have worked in the past may be requested to furnish Royal-West Roofing Information concerning my past employment or activities and I hereby release such employers from my liability in connection there with:
2. Any false statement, omission or misrepresentation made in connection with my past record or any other part of my application for employment with Royal-West Roofing will be justification, should I be employed, for my dismissal regardless of when such fact may be discovered.

Thank you for completing this application and for your interest in our company. We are an Equal Opportunity Employer and confirm with all federal and state laws.

Signature

DID YOU KNOW

1. Always shut down motors before refueling
2. Never use roofing materials as counter balance on hoist
3. Adhesives should be removed from job each night and securely stored 50 feet from building. Take up only what you need for each days use.
4. Mops must be removed from roof each night.
5. Every comp. vehicle should have a fire extinguisher and first aid kit in it.
6. Electric tools and cords should have three (3) prong plugs and should not have any frays or breaks in cords.
7. Ground fault interrupters should be used when plugging in to house power.
8. Fire extinguisher is to be on roof when using mechanical equipment or torching.
9. Do not set coolers, scrap, tools, etc. on perimeter walls no materials or equipment can be stored with in six (6) feet of a roof edge unless barricades are erected.
10. At least one person on each crew shall be trained in first aid, and have a current accepted agency certification card.
11. Propane tanks should be a minimum of ten (10) feet from kettles.
12. Propane tank storage should be a minimum of thirty-five (35) feet from building and kettles.
13. Propane tank storage should be a minimum of fifty (50) feet from building and kettles with tanks fully secured upright.
14. Always shut down burners and motors when refueling with gasoline.
15. Always use a safety gas can.
16. Kettleman should always wear hard hat with full face shield.
17. When drawing hot at the pipe line a full face shield should be worn.
18. When bracing pipeline-build braces so that pipeline does not sag, never use ladders for this. IT IS ILLEGAL.

Fall Protection

1. Warning lines shall be set up and be the first thing sent up when we start a new job if the perimeter walls are below thirty-nine (39) inches.
 2. Warning lines must be a minimum of six (6) feet from the building perimeter.
 3. When using power equipment warning lines must be a minimum of ten (10) feet.
 4. Barricades shall be used at the chute, loading, pipeline, and ladder areas.
 5. Any roof level with height exceeding six (6) feet needs a warning line.
 6. When wearing a body harness the wearer must be tied of so that his free fall never exceeds six (6) feet
 7. When covering holes on deck make sure cover is secure.
 8. When working outside the warning lines a safety monitor should be present.
 9. When working outside warning lines even though a safety monitor is present equipment operators shall be tied off.
-

ROYAL-WEST ROOFING & SHEET METAL L.L.C.

I _____ have received a hard hat and safety glasses from Royal-West Roofing & Sheet Metal L.L.C. on _____.

I understand that I am to have my hard hat and safety glasses at all times. I also understand that if I violate any safety requirements that involve the wearing of my hard hat and safety glasses, I will be responsible and pay for any fines or penalties that are issued to Royal-West Roofing & Sheet Metal L.L.C.

Signature

ROYAL-WEST ROOFING & SHEET METAL L.L.C.

To: All Employees
Re: Michigan Right to Know

In accordance with the requirements of the Michigan Right to Know law our company has established a training and informational program for the employees exposure to hazardous materials.

1. Pursuant to the law we have established a file for all MSDS, (Michigan Safety Data Sheets). These files are available upon request during regular working hours.

It is your responsibility to utilize this information.

2. Our company has established a MSDS bulletin board located at our building. The bulletin board contains a survey of Chemicals and Hazardous Materials stored on site and MSDS sheets are available on these products. Also any new MSDS sheets and/or new products stored on site will be listed.

It is your responsibility to utilize this information.

3. Additionally all employees and new hires who report directly to a jobsite shall be informed of specific hazardous substances which they will encounter in the application of the particular roof system being applied at the location by the foreman or superintendent.

It is your responsibility to have and wear all proper protective equipment and to know emergency procedures as discussed by the foreman.

This form must be signed, dated, and witnessed prior to start of work by all new hires.

New Employee Signature: _____

Witnessed by: _____

Date: ____/____/____

ROYAL-WEST ROOFING & SHEET METAL L.L.C.

TO: ALL EMPLOYEES

As a manager of Royal-West Roofing & Sheet Metal L.L.C. it is my intent to provide a safe work place for all employees. Royal-West Roofing is committed to performing all work in a safe and professional manner. We believe this to be in the best interest of our employees, as well as the company as a whole.

To ensure that we maintain a safe work place, management through implantation of the company safety plan, will work toward safety in every aspect of our daily operation. We ask that all employees familiarize themselves with the company safety plan and observe all safety regulations. This combined effort will contribute to a safe work place for all.

The success of the Royal-West Roofing and Sheet Metal L.L.C. safety program depends on the efforts and actions of each individual employee. Safety will NOT be sacrificed for expediency under any circumstances. We ask all our employees to **WORK SAFELY!**

Sincerely,

Tim Caraher
Manager

51 Summit St. Brighton, MI 48116
Ph. 810.360.0412 Fax 810.588.4255

PERSONAL RECORD

Name: _____ Social Security No.: _____

Address: _____ Date of Birth: _____

City and State: _____ Phone No.: () _____ Citizen: Y N Sex: M F

Martial Status: M S Race _____ No. of Dependents: _____

Date Employed: _____ Department: _____

Occupational Classification: _____ Starting Rate: _____

Check-Off Dues

The Employer agrees to deduct Union dues for each hour worked from the pay of each employed who executed the following authorization for check-of dues form:

I hereby authorize and direct the Employer to deduct from my pay; Union hourly dues in the amounts fixed in accordance with the Constitution and By-Laws of the roofers Union Local No. 70.

This authorization shall be irrevocable for a period of one year from the date hereof or until the termination date of said agreement whichever occurs sooner and I agree that this authorization shall be automatically renewed and irrevocable for successive periods of one year unless revoked by written notice to you and the Union ten (10) days prior to the expiration of each year period, or of each applicable bargaining agreement between the Employer and the Union, whichever occurs sooner.

Signature: _____

Date: _____ Date of Birth: _____ Phone: _____

Employee

S.S. Number

Street Address

City

State

Zip

Classification

Rate Per hour

Foreman

Contractor

Location

I hereby authorize my Employer to deduct five dollars (\$5.00) per day from my wages. This amount is to be applied towards my initiation fee and or any other obligation to the Local Union until paid in full. Deduct \$5.00? ☐ Yes ☐ No

Employee's Signature

Mark Woodward
Business Manager
Roofers Union Local # 70

ROYAL-WEST ROOFING & SHEET METAL L.L.C.

To All Employees:

Michigan Law prohibits "discrimination in employment, education, housing, public accommodation, law enforcement or public service based on religion, race, color, national origin, sex, disability, age, marital status, height, weight, criminal record & familial status.

If you feel you have been discriminated against for any of the above reason, please call me either on my cell **(734) 845-1126** or at the office **810.360.0412**

Sincerely,

Tim Caraher
Superintendent/Member

February 24, 2005

Notice to all Employees

RE: Royal-West Roofing Attendance Policy

All employees need to call Tim Caraher if they are unable to make it to their assigned jobsite or require time off for vacation or sickness. Failure to call in will be considered unexcused and will result in one of the following actions.

First Offense: Verbal warning to employee and documented in personal file

Second Offense: Written warning to employee and documented in personal file

Third Offense: Termination

This policy is effective March 1, 2005

Tim Caraher (734) 845-1126

If there is no answer please leave a voice mail.

51 Summit St. Brighton, MI 48116
Ph. 810.360.0412 Fax 810.588.4255

ROYAL-WEST ROOFING & SHEET METAL L.L.C.

November 20, 2003

Notice to All Employees

Re: Company Safety Policy

This letter is to inform all employees of the new disciplinary policy regarding the company safety program. There will be "No Tolerance" for any violation of the company safety policy. Safety is the number one factor on all job-sites, over and above everything. All employees have received safety orientation training when hired covering fall protection and personal safety. We expect these guidelines to be followed on every job-site by everyone. It is your responsibility to help maintain a safe work environment for you and your fellow workers. All violations will be dealt with per the following guidelines.

First Violation: Verbal warning and letter in personal file.

Second Violation: 3-day suspension.

Third Violation: Termination

By working together we can eliminate the need for these actions, and provide a safe work place for everyone.

Tim Caraher
Owner

**51 Summit St. Brighton, MI 48116
Ph. 810.360.0412 Fax 810.588.4255**

ROYAL-WEST ROOFING & SHEET METAL L.L.C.

May 4, 2005

Notice to all Employees

Re: Drug Screening Program

Due to increased jobsite safety and insurance requirements, Royal-West Roofing is implementing a drug screening program. The program will require all new hires and existing employees to take part in a drug screening. The program will also require a drug screening after any on the job injury or accident. If you are a current employee we will require you to report to one of the attached testing facilities within the next thirty (30) days. All new hires will be screened upon employment and before any work can be performed. Thank you for your cooperation in this matter.

Tim Caraher
Owner

**51 Summit St. Brighton, MI 48116
Ph. 810.360.0412 Fax 810.588.4255**