

ROYCE LTD

6856 Eastern Avenue NW #286
Washington, DC 20012
Tel: 202.669.6128; 301.552.7264

Residential and Commercial Remodeling Company
Licensed, Bonded and Insured in DC & MD
Fax: 301.552.1961 – Admin@Royce-LTD.com

Employment Application Form

Do You Have a Driver's License? Yes No

What is your means of transportation to work? _____

Driver's License Number: _____ State of Issue _____ Operator Commercial (CDL) Chauffeur

Expiration Date: _____

Have you had any accidents during the past three years? Yes No How Many? _____

Have you had any moving violations during the past three years? Yes No How Many? _____

OFFICE ONLY

Typing WPM _____ Lotus Notes MS-Excel

PC MS-Word MS-Office Suite

Mac WordPerfect 10-Key

Other Skills: _____

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Phone No. _____	Phone No. _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

*Please include any prior experience or knowledge in the areas of home repairs and remodeling and/or any experience or prior knowledge in any of the construction skilled trades including: electrical, plumbing, masonry, welding, dry wall and painting. List your experiences regardless of whether you were paid or unpaid.

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MILITARY			
Have you ever been in the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you now a member of the National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specialty: _____ Date Entered: _____ Discharge Date: _____			
WORK EXPERIENCE			
Please list your work experience for the past five years beginning with the most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.			
Name of Employer Address City/State/Zip Phone Number	Name of Last Supervisor	Employment Dates From: To:	Pay/Salary Start: From:
Last Job Title:			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Name of Employer Address City/State/Zip Phone Number	Name of Last Supervisor	Employment Dates From: To:	Pay/Salary Start: From:
Last Job Title:			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Name of Employer Address City/State/Zip Phone Number	Name of Last Supervisor	Employment Dates From: To:	Pay/Salary Start: From:
Last Job Title:			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? Yes No
 Did you complete this application yourself? Yes No If no, who did? _____

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Pre-Screening Questions

- 1. Do you have a journeyman's license? Yes No

- 2. Do you have at least 3 years of basic labor, carpenter, installation, or working with your hands? Yes No

- 3. Do you have your own tools? Yes No

- 4. Do you have a High School Diploma or GED? Yes No

- 5. Do you possess a valid driver's license? Yes No

- 6. Are you able to pass a medical screening and drug test? Yes No

- 7. Have you been convicted of a felony in the last 7 years? Yes No

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PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by ROYCE LTD (hereinafter called "The Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the content of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time or other Company practices, shall serve to create an actual or implied contract of employment, or to confess any right to remain an employee of The Company, or otherwise to change in any respect the employment at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of The Company. Both the undersigned and The Company may end the employment relationship at any time without specified notice or reason. If employed, I understand that The Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give The Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release The Company from any liability as a result of such contract.

I also understand that (1) The Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, The Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, The Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with The Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period of thereafter, my employment relation with The Company is terminable at-will for any reason by either party.

Signature of Applicant: _____ **Date:** _____

The Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.