



LAKE SIDE

**ROOFING AND SIDING MATERIALS, INC. - BUILDING PRODUCTS, INC.
 ROLLOFF SERVICES, LLC.**

APPLICATION FOR EMPLOYMENT

PERSONAL

PLEASE PRINT
 POSITION APPLIED FOR _____ REFERRED BY _____ SALARY EXPECTED _____

WILL CONSIDER FULL-TIME PART-TIME DAY SHIFT EVENING SHIFT NIGHT SHIFT

NAME LAST FIRST MIDDLE

ADDRESS CITY STATE ZIP

RELATIVES EMPLOYED WITH ANY LAKESIDE COMPANIES?
 NAME _____ HOME PHONE _____
 DEPARTMENT _____ WORK PHONE _____
 DATE AVAILABLE TO WORK: _____

HAVE YOU EVER BEEN EMPLOYED BY ANY LAKESIDE COMPANIES? YES NO

IF YES, WHEN POSITION CORPORATION

ARE YOU AT LEAST 18 YEARS OF AGE? YES NO IF NO, DO YOU HAVE A WORK PERMIT? YES NO

ARE YOU EITHER A U.S. CITIZEN OR A LEGAL ALIEN WHO HAS THE RIGHT TO WORK IN THE UNITED STATES? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO
 IF SO, PLEASE DESCRIBE FULLY THE CONVICTION(S), LISTING THE NATURE OF THE OFFENSE, YOUR AGE AT THE TIME OF THE OFFENSE, AND YOUR REHABILITATION SINCE THE CONVICTIONS(S). (RECORD OF CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT). PLEASE ATTACH SHEET WITH EXPLANATION.

IS ANY ADDITIONAL INFORMATION RELATIVE TO CHANGE OF NAME, USE OF AN ASSUMED NAME OR NICKNAME NECESSARY TO ENABLE A CHECK ON YOUR WORK OR EDUCATION RECORD? YES NO

EDUCATION/SKILLS

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS OR TRADE SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
POST GRADUATE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

SUMMARIZE SPECIAL SKILLS, TRAINING OR QUALIFICATIONS APPLICABLE TO POSITION:

LICENSES

DRIVER'S LICENSE
 TYPE (CLASS): _____ STATE ISSUED: _____ EXPIRATION DATE: _____ NUMBER: _____

SUSPENSION/REVOCAION YES NO IF YES, PLEASE EXPLAIN _____

WORK EXPERIENCE

PLEASE LIST NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST.

JOB TITLE / POSITION _____ FROM MO/YR _____ TO MO/YR _____

EMPLOYER NAME & ADDRESS _____

SUPERVISOR _____ PHONE# _____

DUTIES _____

REASON FOR LEAVING _____

JOB TITLE / POSITION _____ FROM MO/YR _____ TO MO/YR _____

EMPLOYER NAME & ADDRESS _____

SUPERVISOR _____ PHONE# _____

DUTIES _____

REASON FOR LEAVING _____

JOB TITLE / POSITION _____ FROM MO/YR _____ TO MO/YR _____

EMPLOYER NAME & ADDRESS _____

SUPERVISOR _____ PHONE# _____

DUTIES _____

REASON FOR LEAVING _____

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE FOR PAST HISTORY? YES NO IF "NO", WHICH SHOULD BE CONTACTED:

*"Lakeside Companies", "Lakeside", and "the company" represents all companies listed at the top of this application.

APPLICANT'S STATEMENT

1. Authorization Release: I hereby give permission to Lakeside to verify the information submitted by me and to obtain any credit information, criminal history, or driving records. Lakeside shall not be violating my rights to privacy in any manner, and I hereby release them from all liability whatsoever for actions related to this investigation.
2. The above information is complete and true to the best of my knowledge.
3. Any misrepresentation or omission of facts will be cause for immediate dismissal. Such misrepresentation or omission will also be cause for Lakeside refusing to hire me.
4. I agree to have an occupational health evaluation at Lakeside's request and at no personal expense to me, at anytime after I am offered a job. I also agree that the examining physician disclose the findings of that examination to Lakeside or an authorized agent thereof.
5. If employed by any Lakeside Companies, I agree to abide by its rules and regulations, including the Corporate Compliance Program.
6. I understand that my employment is voluntarily entered into, that I am free to resign at any time and that Lakeside may terminate the employment relationship at any time whenever it is in the best interest of the company to do so.
7. I understand that no handbook, memorandum, policy manual or policy statement currently in existence or hereafter, issued by Lakeside Companies may alter the voluntary nature of my employment with Lakeside, and that Lakeside may terminate the employment relationship at any time whenever it is in the best interest of the company to do so.
8. I understand that no management representative has any authority to enter into any agreement for employment that is contrary to the conditions listed above.
9. I verify that there are not charges, allegations or actions against me that are related to Medicare and/or Medicaid.

DATE: _____ SIGNATURE _____

Lakeside is an Equal Opportunity Employer and complies fully with Federal and New York State laws prohibiting discrimination in employment because of sex, age, race, color, religion, creed, marital status, national origin, disability, sexual orientation, Vietnam or Vietnam Era Status, genetic pre-disposition, carrier status, or any other characteristic protected by applicable federal, state or local law.

Lakeside Companies will make a reasonable accommodation to known physical or mental limitations of a qualified applicant or employee with a disability unless the accommodations would impose an undue hardship or a significant risk of substantial harm.