

**BLACKROCK ROOFING**  
**A BLACKROCK COMPANY**  
 Worker Verification Application

2207 LAKE AVENUE  
 THORNTON, CO 80241



| APPLICANT INFORMATION                             |    |                   |                              |                              |                             |                  |  |      |  |                              |  |                             |
|---|----|-------------------|------------------------------|------------------------------|-----------------------------|------------------|--|------|--|------------------------------|--|-----------------------------|
| Last Name   |    |                   | First                        |                              |                             | M.I.             |  | Date |  |                              |  |                             |
| Street Address                                    |    |                   |                              |                              |                             | Apartment/Unit # |  |      |  |                              |  |                             |
| City  |    |                   |                              | State                        |                             |                  |  | ZIP  |  |                              |  |                             |
| Phone   |    |                   |                              | E-mail Address               |                             |                  |  |      |  |                              |  |                             |
| Date Available                                    |    |                   | Social Security No.          |                              |                             | Desired Salary   |  |      |  |                              |  |                             |
| Position Applied for                              |    |                   |                              |                              |                             |                  |  |      |  |                              |  |                             |
| Are you a citizen of the United States?           |    |                   | YES <input type="checkbox"/> |                              | NO <input type="checkbox"/> |                  | If no, are you authorized to work in the U.S.? |      |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/> |
| Have you ever worked for this company?            |    |                   | YES <input type="checkbox"/> |                              | NO <input type="checkbox"/> |                  | If so, when?                                   |      |  |                              |  |                             |
| Have you ever been convicted of a felony?         |    |                   | YES <input type="checkbox"/> |                              | NO <input type="checkbox"/> |                  | If yes, explain                                |      |  |                              |  |                             |
| EDUCATION / CERTIFICATION                         |    |                   |                              |                              |                             |                  |  |      |  |                              |  |                             |
| Trade School                                      |    |                   | Address                      |                              |                             |                  |  |      |  |                              |  |                             |
| From  | To | Did you graduate? |                              | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree           |  |      |  |                              |  |                             |
| College   |    |                   | Address                      |                              |                             |                  |  |      |  |                              |  |                             |
| From  | To | Did you graduate? |                              | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree           |  |      |  |                              |  |                             |
| Other   |    |                   | Address                      |                              |                             |                  |  |      |  |                              |  |                             |
| From  | To | Did you graduate? |                              | YES <input type="checkbox"/> | NO <input type="checkbox"/> | 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 <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| 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 <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| 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 <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |

| TRADE NAME INFORMATION |                       |
|------------------------|-----------------------|
| Registered Name        | From To               |
| Business Address       | City, State, Zip Code |
| EIN/SSN                |                       |

State Driver's License # |

| 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. |      |
| Signature   | Date |