



Roofing Services & Solutions.

Florida

RSS Roofing Services and Solutions Florida is a world class provider of products and services in the roofing industry. Our company, with a rich history of over 100 years, is excited to welcome you as an essential part of our work family.

Our company offers many rewarding opportunities to our employees, both short term and long term. Our employee turn around rate is low, many of our team members have been working with the company for over 10 years. We have a great **benefits package**, and we provide many lifetime opportunities to flourish (both professionally and financially). Some of our foremen and skilled workers make \$70,000+ per year, plus benefits.

If you are thinking about employment in the construction industry, search no more! Here is what you can expect from RSS, as you consider coming to work for us:

Hiring benefits:

- RSS will pay a \$500.00 hiring bonus to employees that stays more than 6 weeks with the company.
- Paid apprenticeship. We hire people **with or without roofing or construction background/experience**. We pay our employees to train under an experienced roof technician while getting paid.
- Uniforms. All our employees have uniforms. This makes our company, and our employees look more professional on the workplace, and set us apart from other companies.

Employee benefits:

- Health insurance package (this included health, dental and eye insurance) at competitive cost.
- On going training. We offer a variety of certificates to improve employees, such as, safety training, crane signaling training, asbestos material handling training, and many more.
- Our work week is based on a 40 hrs. work schedule. Most of our employees work 10 hrs. days, 4 days per week. Giving them 3 days weekends on a regular basis. This helps with employees with young families and kids.
- When working over 1 hr. of drive, we offer \$25.00 extra per day to travel and per-diem, plus stay accommodations.
- Retirement opportunities. RSS offers a 401K plan for all employees that want to participate and contribute to their retirement.
- Financial incentives and bonus pool. RSS offers a variety of bonuses based on performance, safety, etc.
- We offer paid participation on charitable work, up to 30 HRs per year. We think giving back to our community and social equality is vital for a **rewarding life**.
- Paid vacation. Employees start with 1 week paid vacation per year, and this increases over time.
- Paid sick days. RSS will paid approved sick day up to 4 days per year.
- Company vehicle (to our roof top managers and service technicians), gas card, and e-pass.

We are constantly hiring laborers, roof technicians, skilled roofing workers, rooftop managers (foreman) and more. To fill out an application, and find out more about our hiring process and a complete overview of our company, please email a request to: jsanchez@rssflorida.com or download the application at <http://rssflorida.com>. All application requests will be answered withing 24 to 48 hrs.

RSS/ Roofing Services And Solutions

216 Norton Avenue • Orlando, FL 32805 • 407.426.0424
www.rssflorida.com



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APPLICATION FOR EMPLOYMENT

Pre-employment Questionnaire

An Equal Opportunity Employer

PERSONAL INFORMATION	DATE
NAME	SOC. SEC NO.
PRESENT ADDRESS	
PERMANENT ADDRESS	
PHONE NO.	
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO AUTHORIZED TO WORK IN US? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT DESIRED		
POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHERE?	WHEN?
REFERRED BY:		

EDUCATION:												
YEARS COMPLETED: CIRCLE ONE	6	7	8	9	10	11	12	13	14	16	18+	
Please include: school name, location, diploma or degree received and area of studies.												
Elementary												
High School												
Trade School												
College												
Graduate School												

GENERAL		
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:		
SPECIALIZED TRAINING? Any specialized training, apprenticeship programs, or any special job-related skills?		
FOREIGN LANGUAGES? Please indicate if you speak, read and write any languages other than English and your skill level.		
ACTIVITIES: PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ORGANIZATIONS OR OFFICES? (Exclude organizations the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members.) Attach additional sheet if necessary.		
U.S. MILITARY OR NAVAL SERVICE?	RANK?	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES? <input type="checkbox"/> YES <input type="checkbox"/> NO

FORMER EMPLOYERS -LIST LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER, INCLUDING SUPERVISOR	SALARY	POSITION	REASON FOR LEAVING
From: To:				
From: To:				
From: To:				

MISCELLANEOUS EMPLOYMENT-RELATED INFORMATION

Can you perform the essential job functions of the job to which you are applying?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of a felony? Conviction will not automatically disqualify you from employment.	<input type="checkbox"/> YES <input type="checkbox"/> NO
If applying for a position that requires driving, do you have the appropriate license?	<input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO
If applying for a position that requires driving, have you been ticketed for a moving Violation in the last three years?	<input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently on lay-off status? <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to recall? YES <input type="checkbox"/> NO	
Are you available <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary	
If required, are you able to travel? <input type="checkbox"/> YES <input type="checkbox"/> NO Available to relocate? <input type="checkbox"/> YES <input type="checkbox"/> NO	

REFERENCES OTHER THAN PREVIOUS EMPLOYERS AND RELATIVES

Name	Address	Phone

APPLICANT'S ACKNOWLEDGMENT (Please read before signing.)

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision.

The applicant understands that neither this document nor any offer of employment from this employer constitutes an employment contract unless a specific document is executed in writing by the employer and employee. Any oral or written statement to the contrary are hereby expressly disavowed and should not be relied upon.

Signature of applicant

Date

We do not discriminate on the basis of race, religion, color, sex, age, national origin, disability, veteran status, or any other status or condition protected by applicable federal or state laws.
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Application for Employment supplement form Employee Emergency contact information

Name: _____

Address: _____

Primary phone number: _____

Emergency Contact info

Name: _____

Relationship to employee: _____

Address: _____

Primary phone number: _____

Secondary phone number (if available): _____



NEW HIRE/REHIRE FORM

Please note: The Employer must fill this form out completely

Company Info

Company Name:	
Location:	
Supervisor/Hiring Manager:	

Employee Info

Employee Name (First, Middle, Last):	
Employee Mailing Address:	
Social Security Number:	
Gender:	
Date of Birth:	
Employee Email:	
Job Title:	
Ethnicity:	
Date Started Work:	
Starting Salary:	
Commissions (if any):	
Division (if applicable):	
Department (if applicable):	
Full Time or Part Time?	
If Part Time, average expected hours each week:	
Email Address:	

New Hire

Rehire

Per FLSA guidelines all employees should be considered non-exempt unless meeting the exemption criteria as defined by the Department of Labor. Please indicate below:

Hourly (all hourly employees are Non-Exempt)

Salaried (if Salaried, please indicate if employee is exempt or non-exempt)

Salaried Exempt

Salaried Non-Exempt

Additional Information (if necessary):

*All Employees will need to complete the I-9 and provide appropriate documentation within 3 days of hire to verify eligibility to work in the US. For questions regarding this, contact Cornerstone HR at HR@CornerstoneEmploy.com

Approval Signature

Date Approved

Approved By (printed name)

Title



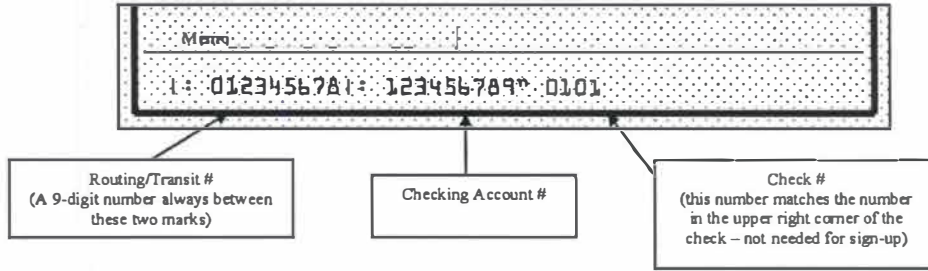
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DIRECT DEPOSIT FORM

To enroll in Full Service Direct Deposit, simply fill out this form and give to your payroll manager. Attach a voided check for each checking account - not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize Cornerstone Employer Solutions (CES) to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by CES to my account. In the event that CES deposits funds erroneously into my account, I authorize CES to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until CES and Bank have received written notice from me of its termination in such time and in such manner as to afford ADP and Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security #: _____ - _____ - _____

Employee Signature: _____ Date: _____

Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form.

Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

- Bank Name/City/State: _____
 Routing Transit #: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount
- Bank Name/City/State: _____
 Routing Transit #: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount
- Bank Name/City/State: _____
 Routing Transit #: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount



Global Cash Card

PAYCARD ENROLLMENT FORM

**** SEND COMPLETED FORMS TO YOUR PAYROLL CENTER ****

Account Number _____

Global Cash Card – Account Owner Information (Please Print Legibly)		
First Name:	Middle Initial:	Last Name:
Street Address:		Apartment #:
City:	State:	Zip Code:
Home Telephone: ()		Date of Birth (MM/DD/YYYY):
Social Security Number: -- --	Employee ID #:	
Employee Signature		Date

LOCATION INFORMATION (All fields must be completed by a company representative)	
Location Name:	Location Number:
Form Completed By:	Telephone Number: