

ACTION RESIDENTIAL INSULATION APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, marital status, sexual orientation and citizenship status

(please print)

Position (s) Applied For	Date of Application
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How Did You Learn About Us?

	Advertisement	<input type="checkbox"/>	Friend	<input type="checkbox"/>	Employment Agency	<input type="checkbox"/>	Relative
	Other _____						

Last Name	First Name	Middle Name
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Address Number	Street	City	State	Zip Code
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Telephone Number (s)	Social Security Number (voluntary)
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Best Time to contact you at home is ____AM ____PM

Are you currently employed?.....__YES__NO

May we contact your current employer?.....__YES__NO

Are you prevented from lawfully becoming employed in these country because of Visa or Immigrations status
Proof of citizenship or immigration status will be required upon employment?.....__YES__NO

Date Available for work _____ What is your desired salary range? _____

- Are you available to work:
- Full Time
 - Part Time (please indicate Mornings Afternoons)
 - Temporary (please indicate dates available _____ to _____)

Are you currently on "lay-off: status and subject to recall?.....	<input type="checkbox"/> YES
	<input type="checkbox"/> NO

Have you been convicted of a felony within the last five years.....	<input type="checkbox"/> YES
	<input type="checkbox"/> NO

A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question

JOB APPLICATION

EDUCATION	NAME AND ADDRESS OF SCHOOL	Course of Study	Years Completed	Diploma/Degree
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE/PROFESSIONAL				
OTHER SPECIFY				

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application, including and job related training in the U. S. Military

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING
 Are you capable of performing in a reasonable manner with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given _____ **YES** _____ **NO**

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job include any job-related military service assignments and volunteer activities.
 Exclude organizations which indicate race,color, religion, gender, national origin, disabilities or other protected status

EMPLOYER		DATES EMPLOYED	
ADDRESS		FROM	TO
TELEPHONE NUMBER(S)			
STARTING/PRESENT JOB TITLE		HOURLY RATE/SALARY	
SUPERVISOR		FROM	TO
REASON FOR LEAVING		May we contact	<input type="checkbox"/> YES <input type="checkbox"/> NO

WORK PERFORMED

EMPLOYER		DATES EMPLOYED	
ADDRESS		FROM	TO
TELEPHONE NUMBER(S)			
STARTING/PRESENT JOB TITLE		HOURLY RATE/SALARY	
SUPERVISOR		FROM	TO
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WORK PERFORMED

JOB APPLICATION

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WORK PERFORMED

3 REFERENCES PLEASE

NAME	PHONE NUMBER	BEST TIME TO CALL	OCCUPATION
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APPLICANTS STATEMENT

I certify that answers were given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment. I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the Employer

Signature of Applicant

Date