

NAME _____ DATE: _____

ADDRESS _____
(STREET) (CITY) (ST) (ZIP)

PHONE NUMBER _____ SOCIAL SECURITY # _____

DRIVER'S LICENSE # _____ EXPIRATION _____

PLEASE CIRCLE HIGHEST

GRADE COMPLETED: 9, 10, 11, 12

COLLEGE: 1, 2, 3, 4, 5, 6

ARE YOU CURRENTLY
EMPLOYED _____

MAY WE CONTACT
YOUR EMPLOYER? _____

DATE AVAILABLE _____

POSITION _____

HAVE YOU EVER APPLIED
WITH THIS COMPANY BEFORE? _____

WHEN? _____

PLEASE LIST YOUR LAST THREE EMPLOYERS BELOW, STARTING WITH THE MOST RECENT:

COMPANY _____ CONTACT PERSON _____

ADDRESS (STREET) _____ (CITY) _____ (ST) _____ (ZIP) _____

POSITION _____ HOW LONG? _____ SALARY _____

COMPANY _____ CONTACT PERSON _____

ADDRESS (STREET) _____ (CITY) _____ (ST) _____ (ZIP) _____

POSITION _____ HOW LONG? _____ SALARY _____

COMPANY _____ CONTACT PERSON _____

ADDRESS (STREET) _____ (CITY) _____ (ST) _____ (ZIP) _____

POSITION _____ HOW LONG? _____ SALARY _____

DO YOU HAVE ANY DISABILITY WHICH WOULD HINDER YOUR PERFORMANCE OF THE ESSENTIAL
FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING? _____

YES/NO

IF SO, WHAT ACCOMMODATIONS MAY BE MADE TO ENABLE YOU TO PERFORM THE ESSENTIAL
FUNCTIONS OF THAT JOB? _____

IN CASE OF EMERGENCY, PLEASE LIST THREE (3) PEOPLE WE CAN CONTACT:

NAME	PHONE #	RELATIONSHIP
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NAME	PHONE #	RELATIONSHIP
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NAME	PHONE #	RELATIONSHIP
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BECAUSE OUR WORK REQUIRES ENTERING OCCUPIED RESIDENCES, OUR EMPLOYEES MUST BE BONDABLE. PLEASE ANSWER THE FOLLOWING QUESTIONS:

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____
YES/NO

IF YES, PLEASE EXPLAIN: _____

THIS IS A DRUG-FREE WORKPLACE. OUR EMPLOYEES ARE SUBJECT TO POSSIBLE DRUG TESTING. ARE YOU WILLING TO BE TESTED FOR DRUGS? _____
YES/NO

IF NO, PLEASE EXPLAIN: _____

ALCOHOL CONSUMPTION IS NOT PERMITTED DURING WORKING HOURS. DO YOU UNDERSTAND THIS? _____ (YES/NO).

IF NO, PLEASE EXPLAIN: _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT MAY NOT BE FOR ANY DEFINITE PERIOD AND I MAY, REGARDLESS OF DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PREVIOUS NOTICE.

I FURTHER AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THIS COMPANY, ABC INSULATION & SUPPLY CO.

SIGNATURE: _____ DATE _____