

application for employment

LAST NAME

FIRST NAME
(PLEASE PRINT)

MIDDLE NAME



Specialty Products & Insulation Co.
An Equal Opportunity Employer

PRINT OR TYPE ANSWERS TO ALL QUESTIONS APPLICABLE
Specialty Products & Insulation Co. is an Equal Opportunity Employer*

PERSONAL DATA

NAME _____ DATE _____
(Last) (First) (Middle)

HOME ADDRESS _____ PHONE () _____
(Area)
 _____ CELLULAR PHONE () _____
(City) (State) (Zip) (Area)

E-Mail Address _____ Social Security number ____ - ____ - ____

Type of work desired _____
(1st choice) (2nd choice)

Date available for employment _____ Expected starting salary \$ _____

Will you accept assignment to any area in the U.S.? _____

If no, what is your geographic limitation? _____

Can you, after employment, submit verification of your legal right to work in the United States? Yes No

Any restrictions on hours, weekends, or overtime? If yes, explain. _____

Have you ever been convicted of a Felony? Yes No
(Convictions will not automatically disqualify job candidates. The seriousness of the crime and date of conviction will be considered.)

Performance of Job Functions

Are you able to perform the essential functions of the job for which you are applying? If not, are there any accommodations which would enable you to perform the job? Yes No

* WE ARE AN EQUAL OPPORTUNITY FOR ALL QUALIFIED EMPLOYEES. WE DO NOT DISCRIMINATE ON THE BASIS OF RELIGION, RACE, COLOR, NATIONAL ORIGIN, GENDER, AGE, DISABILITY, MARITAL STATUS, SEXUAL ORIENTATION OR CITIZENSHIP STATUS.

EDUCATION

	SCHOOL NAME AND ADDRESS	NUMBER OF YEARS ATTENDED	COURSE TAKEN/ MAJOR	DEGREE
HIGH SCHOOL				
COLLEGE				
COLLEGE				
POST-GRAD.				
OTHER				

EMPLOYMENT

(Identify significant work experience, including military service, beginning with most recent first; include periods of temporary employment and unemployment.)

EMPLOYER	POSITION AND DUTIES	DATES MO/YR	REASON FOR LEAVING
NAME		FROM	
ADDRESS		TO	
NAME		FROM	
ADDRESS		TO	
NAME		FROM	
ADDRESS		TO	
NAME		FROM	
ADDRESS		TO	
NAME		FROM	
ADDRESS		TO	

Describe duties of any former position(s) which you consider important (use additional inserts if needed).

REFERENCES

(Academic or business references, other than relatives, that we may contact.)

NAME	ADDRESS	YEARS KNOWN	PHONE NO.

MISCELLANEOUS INFORMATION

If there is something else about yourself — your interests, special talents, career objectives, etc. — you would like us to be aware of, please mention it in this space.

UNDERSTANDINGS, AUTHORIZATIONS AND RELEASES

This employment application and other Company forms, manuals and documents are not contracts of employment. Any individual who is hired may voluntarily leave employment after proper notice, and may be terminated at any time for any reason. Any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any applicant. The applicant's submission herein of false or misleading information will be cause for dismissal.

I authorize investigation of all matters in this application including transcripts from any schools that I have attended.

NOTICE: ALL APPLICANTS MUST PASS A DRUG TEST PRIOR TO HIRE.

I understand that employment is subject to favorable drug testing results.

I understand that, if accepted for employment, it is necessary to abide by the rules and policies of Specialty Products & Insulation Co., and that I will be on probation for two (2) months before being considered a regular employee.

Your Signature: _____ Date: _____

