

APPLICATION FOR EMPLOYMENT



It is the company's policy to ensure equal opportunity for all qualified persons without regard to race, color, creed, national origin, sex, age, disability, marital status, sexual orientation or citizenship status.

PERSONAL INFORMATION

Date _____

Name _____
Last First Middle Name

S.S. No. _____

Current Address _____
Street and Number

Telephone Number _____

City State Zip Code

Applying for position as _____ Date available for employment _____

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

If now employed, why do you wish to change? _____

Have you ever been convicted of a felony? Yes No (Indication of conviction will not be an absolute bar to employment).

What starting wage do you expect? _____

Are you 18 years of age or older?* Yes No

*If you are under 18, a work permit may be required.

DOT regulations require drivers to be 21 years of age or older.

Do you satisfy that condition? Yes No

Can you, after employment, submit verification of your legal right to work in the U.S.? Yes No

EDUCATION

| SCHOOL | NAME AND LOCATION | NO. OF YEARS | COURSE TAKEN | DEGREE |
|-----------------------------|-------------------|--------------|--------------|--------|
| High School | | | | |
| College | | | | |
| Special: Business School | | | | |
| Night School | | | | |
| Correspondence | | | | |
| Other(s) | | | | |

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

EMPLOYMENT

Start with most recent and include military service, periods of unemployment and temporary employment.

| EMPLOYER | JOB DUTIES | DATES Month/Year | REASON FOR LEAVING | HOURLY RATE |
|----------|------------|---------------------|--------------------|----------------|
| Name | | From | | |
| Address | | To | | |
| Name | | From | | |
| Address | | To | | |
| Name | | From | | |
| Address | | To | | |
| Name | | From | | |
| Address | | To | | |
| Name | | From | | |
| Address | | To | | |
| Name | | From | | |
| Address | | To | | |

PERSONAL DRIVING RECORD

| | | | |
|--|--|--|---|
| This section is to be completed ONLY if the operation of a motor vehicle will be required in the course of the applicant's Employment | | | |
| How long have you been a licensed driver? | Driver's license number & state | Expiration date | Issuing state |
| List any other state(s) in which you have had a driver's license(s) in the past: | | | |
| Within the past five years have you had a vehicle accident? <input type="checkbox"/> Yes <input type="checkbox"/> No | Been convicted of reckless or drunken driving? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, give dates: | Been cited for moving violations? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has your driver's license ever been revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, explain: | Is your driver's license restricted? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, explain: |

REFERENCES

Academic or business references, other than relatives, that we may contact:

| NAME | ADDRESS | YEARS KNOWN | PHONE NO. |
|------|---------|-------------|-----------|
| | | | |
| | | | |

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.

