

INSULATION SYSTEMS OF AUGUSTA, INC.

APPLICATION FOR EMPLOYMENT

STRIVING TO MAINTAIN A DRUG-FREE WORKPLACE, INSULATION SYSTEMS RESERVES THE RIGHT TO TEST FOR ILLEGAL DRUG AND ALCOHOL USE AT ANY TIME DURING EMPLOYMENT, AT ITS SOLE DISCRETION.

NAME _____
FIRST MIDDLE LAST

PRESENT ADDRESS _____
STREET CITY
STATE ZIP

TELEPHONE _____ SSN# _____

DATE OF APPLICATION _____ START DATE _____

POSITION APPLIED FOR _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? YES OR NO _____

MAY WE CONTACT YOUR EMPLOYER? YES OR NO _____

HAVE YOU EVER APPLIED WITH THIS COMPANY BEFORE? YES OR NO _____

IF YES, WHEN? _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF A VISA OR IMMIGRATION STATUS? YES or NO _____

(PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)

CAN YOU TRAVEL IF THE JOB REQUIRES IT? YES or NO _____

WHOM SHALL WE CALL IN CASE OF AN EMERGENCY?

NAME	PHONE	RELATIONSHIP
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DATE OF BIRTH	AGE
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(Circle Your Selection)

U.S. CITIZEN? YES OR NO

CAN YOU DO HEAVY MANUAL WORK? YES OR NO

CAN YOU WORK IN HIGH PLACES? YES OR NO

DO YOU WEAR GLASSES OR CONTACT LENSES? YES OR NO

IN THE PAST 10 YEARS HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR? YES OR NO

IF YES GIVE A BRIEF EXPLANATION:

ARE YOU NOW ON PAROLE OR PROBATION? YES OR NO

IF YES GIVE A BRIEF EXPLANATION:

MARTIAL STATUS (Circle Selection): SINGLE MARRIED WIDOWED SEPERATED ENGAGED

(Circle Your Selection)

HAVE YOU EVER RECEIVED WORKMAN
COMPENSTAION OR DISABILITY INCOME PAYMENTS? YES OR NO

ARE YOU OVER 18 YEARS OF AGE? YES OR NO

DO YOU HAVE ANY PHYSICAL DEFECTS WHICH
PRECLUDE YOU FROM DOING CERTAIN JOBS? YES OR NO

DO YOU HAVE RELIABLE TRANSPORTATION? YES OR NO

DO YOU HAVE A VALID DRIVERS LISCENSE? YES OR NO

M: _____ F: _____

HEIGHT

WEIGHT

HAIR COLOR

EYE COLOR

SEX

HAVE YOU EVER HAD ANY JOB-RELATED
TRAINING IN THE U.S. MILITARY? YES OR NO

IF YES, PLEASE DESCRIBE: _____

EDUCATION

ELEMENTARY SCHOOL LEVEL COMPLETED: 1 2 3 4 5 6 7 8

LOCATION: _____

HIGH SCHOOL LEVEL COMPLETED: 9 10 11 12

LOCATION: _____

SPECIALIZED APPRENTICESHIP TRAINING YES OR NO

LOCATION: _____

UNDERGRADUATE COLLEGE/UNIVERSITY YES OR NO

LOCATION: _____

EXPERIENCE:

LIST BELOW YOUR LAST FOUR (4) EMPLOYERS, MOST RECENT FIRST.

(1) EMPLOYER & ADDRESS _____

SALARY _____

REASON FOR LEAVING _____

(2) EMPLOYER & ADDRESS _____

SALARY _____

REASON FOR LEAVING _____

(3) EMPLOYER & ADDRESS _____

SALARY _____

REASON FOR LEAVING _____

(4) EMPLOYER & ADDRESS _____

SALARY _____

REASON FOR LEAVING _____

PERSONAL REFERENCES:

GIVE BELOW THE NAMES OF 3 UNRELATED PERSONS WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME	ADDRESS	OCCUPATION	PHONE NUMBER
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the employee may discharge Employee 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 interviews may result in discharge. I understand also, that I am required to abide my all rules and regulations of the employer.

Signature of Applicant

DATE

INSULATION SYSTEMS AUTHORIZATION TO RELEASE EMPLOYMENT INFORMATION

I HEREBY AUTHORIZE AND REQUEST ALL FORMER EMPLOYERS TO RELEASE TO THE PERSONEL DEPARTMENT OF INSULATION SUSTEMS ANY AND ALL INFORMATION REGARDING EMPONENT HISTORY. A REPORDUCED COPY OF THE AUTHORIZATION SHALL BE DEEMED AS EFFECTIVE AND VALID AS THE ORIGINAL.

SIGNED _____

DATE _____

WITNESS _____