

SUPERVISORS TO COMPLETE:

Supervisor Name: _____

Pay Rate: \$ _____/hour

Hire/Start Date: _____

Circle One: Labor Insulator Supervisor

**RETRO INSULATION
PRELIMINARY JOB APPLICATION**

TWO FORMS OF IDENTIFICATION MUST BE SUBMITTED WITH THIS APPLICATION.

A LIST OF ACCEPTABLE IDENTIFICATIONS ARE INCLUDED IN THIS APPLICATION PACKAGE.
SOME ACCEPTABLE FORMS OF IDENTIFICATION INCLUDE:

- DRIVER'S LICENSE
- SOCIAL SECURITY CARD
- BIRTH CERTIFICATE
- RESIDENT ALIEN CARD
- PERMANENT RESIDENT CARD
- UNITED STATES PASSPORT

IF YOU ARE A RESIDENT ALIEN, A CURRENT LEGAL RESIDENT ALIEN CARD IS REQUIRED.

IF YOU ARE HIRED, YOUR PAYROLL CHECK WILL ONLY BE ISSUED IF YOU HAVE TURNED IN TWO FORMS OF ACCEPTABLE IDENTIFICATION.

***IF HIRED, YOU WILL BE REQUIRED TO FILL OUT ADDITIONAL EMPLOYMENT DOCUMENTS AND ADHERE TO COMPANY POLICIES.**

I HEREBY CERTIFY THAT THE FORMS OF IDENTIFICATION I HAVE SUBMITTED WITH MY APPLICATION AS OUTLINED ABOVE ARE MY TRUE AND LEGAL DOCUMENTS OF IDENTIFICATION AND HAVE NOT BEEN ALTERED OR FALSIFIED IN ANY WAY.

Date

Printed Name

Signature of Applicant

RETRO INSULATION
 5295 Prince George Drive
 Prince George, VA 23875
 (804) 452-5120 Fax (804) 452-5125

APPLICATION FOR EMPLOYMENT

Last Name		First Name		Middle	Date
Street Address					Preferred Contact #
City, State, ZIP					Social Security Number
Position Desired					Pay Expected
Apart from absence for religious observance, are you available for work full-time?				<input type="checkbox"/> YES	When can you start work?
If no, what hours can you work?				<input type="checkbox"/> NO	
Email Address					Place of birth
If you are under 16, can you furnish a work permit?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Will you work overtime if asked?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been employed here before?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you willing to undergo a federal background check in order to work on Federal property?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you legally eligible for employment in this country?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you been convicted of a felony in the last 7 years?					<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain:					

EMPLOYMENT HISTORY	From	To	Employer	Telephone		
	Job Title		Address			
	Immediate Supervisor		Summarize the nature of work performed and job responsibilities			
	Reason for leaving		Hourly Rate/Salary			
	From	To	Employer	Telephone		
	Job Title		Address			
	Immediate Supervisor		Summarize the nature of work performed and job responsibilities			
	Reason for leaving		Hourly Rate/Salary			
	From	To	Employer	Telephone		
	Job Title		Address			
	Immediate Supervisor		Summarize the nature of work performed and job responsibilities			
	Reason for leaving		Hourly Rate/Salary			

EDUCATION	Name and Location	Years Completed	Did you Graduate?	Course of Study
	High School		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	College		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Other		<input type="checkbox"/> YES <input type="checkbox"/> NO	

REFERENCES	Name and Address	Telephone	Years Known

EMERGENCY	Name	Relationship	Telephone	Address
	Name	Relationship	Telephone	Address
	Doctor	Telephone Numbers		Address
	Emergency Medical Information (Allergies, Medications, etc.)			

SIGNATURE	The information provided in this Application for Employment is true, correct and complete. It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. Furthermore, I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.	
	I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. If you decided to engage an investigative consumer-reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.	
Signature: _____	Date: _____	

