

# Miller's Insulation – Application for Employment

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Referral Source:

Advertisement  Employee \_\_\_\_\_  Government Employment Agency  
NAME

Walk-in  Relative \_\_\_\_\_  Private Employment Agency  
NAME

Other \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Other Names Used \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Telephone # ( ) \_\_\_\_\_ Alternate Phone # ( ) \_\_\_\_\_

May we contact you at work?.....  Yes  No

If yes, work number and best time to call ( ) \_\_\_\_\_ : AM/PM

If you are under 18 and it is required, can you provide a work permit?.....  Yes  No

If no, please explain \_\_\_\_\_

Have you previously submitted an application to Miller's Insulation? .....  Yes  No

If yes, give date(s): From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Do you have friends or relatives working here?  Yes  No If yes, give name(s): \_\_\_\_\_

Have you ever been employed here before?.....  Yes  No

If yes, give date(s): From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Are you legally eligible for employment in this country?.....  Yes  No

Are you able to perform the essential functions of the job, with or without a reasonable accommodation?  Yes  No

Date available for work ..... \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Type of employment desired  Full-Time  Part-Time  Temporary

What hours are you available for work? \_\_\_\_\_

Will you work overtime if required?.....  Yes  No

If no, please explain \_\_\_\_\_

Will you relocate if job requires it?  Yes  No Will you travel if job requires it?.....  Yes  No

Have you ever been convicted of a crime in the last seven (7) years?.....  Yes  No

If yes, please explain \_\_\_\_\_

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Driver's license number if driving is an essential job function \_\_\_\_\_ State \_\_\_\_\_

# Employment History

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment. List all employment within the last \_\_\_\_ years.

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS		MO/YR	MO/YR	
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS		MO/YR	MO/YR	
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS		MO/YR	MO/YR	
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
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ADDRESS		MO/YR	MO/YR	
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

## Gaps in Employment

(Account for all periods of unemployment of three months duration or more in the above employment history, excluding periods of time when you were a full-time student.)

From	To	State What You Were Doing
MO/YR	MO/YR	
MO/YR	MO/YR	
MO/YR	MO/YR	

## Educational Background

**A.** List last three (3) schools attended, starting with most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank (if known). **E.** Major field of study. **F.** Minor field of study.

A. SCHOOL	B. NUMBER OF YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA/CLASS RANK	E. MAJOR	F. MINOR
Name		TYPE YEAR			
City & State					
Name		TYPE YEAR			
City & State					
Name		TYPE YEAR			
City & State					
Name		TYPE YEAR			
City & State					

## Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. You may wish to include foreign language skills, typing skills, PC skills, software used, office equipment, etc.

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## Additional Information

List professional, trade, business or civic associations, special accomplishments, publications or awards.

EXCLUDE MEMBERSHIPS AND INFORMATION WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS.

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List any additional information you should like us to consider: \_\_\_\_\_

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## REFERENCES

List name and telephone number of three business/work references who are *not* related to you. If not applicable, list three school or personal references who are *not* related to you.

NAME	HOW KNOWN	TELEPHONE	YEARS KNOWN
		( )	
		( )	
		( )	

**AS AN APPLICANT I UNDERSTAND AND AGREE TO THE FOLLOWING:**

Miller’s Insulation (“the Company”) does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, disability, veteran status or status within any other protected group. No questions on this application are intended to secure information to be used for such discrimination. Pursuant to the Americans With Disabilities Act, it is the Company’s policy to hire qualified individuals with a disability as long as the individual can perform the essential functions of the job, with or without a reasonable accommodation.

In connection with the Company’s consideration of me for employment, continued employment, promotion or reassignment or as part of an investigation, I understand that the Company or persons acting on its behalf may conduct investigative inquiries into my background that will include information regarding job reference, personal reference, criminal, consumer credit, driving, and other reports pertaining to me. These inquiries may include personal conversations with persons possessing knowledge relevant to these categories. These background inquiries will be conducted and reports obtained to provide the Company with job-related information regarding my character, general reputation, personal characteristics, work record and characteristics, skills and abilities, education and training, employment and experience, past job performance, reasons for termination of previous employment and other pertinent information.

I hereby consent to the Company, or persons acting on its behalf, obtaining the above stated information, I authorize, without reservation, any person or entity contacted by the Company or anyone acting on its behalf to furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing such information. I also release the Company from any and all liability for conducting such an investigation. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of the investigation(s).

In addition to authorizing the release of any information regarding my employment and background, I hereby fully waive any rights or claims that I have or may have against my former employers, their agents, employees and representatives regarding the release of information and release them from any and all liability, claims, or damage that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I authorize the Company or persons acting on its behalf to make these investigations, and to use job-related information obtained in its employment decision, including but not limited to, the truthfulness of my responses to the Company’s employment inquiries. I hereby state that all information that I provide on this application and in any interview is true and accurate. I am aware that false statements, misrepresentations of facts, or material omissions may be sufficient to disqualify me for employment, or if employed, may result in my termination.

I have not signed any employment agreement or other agreement which limits the type of job I might accept in the future, or which limits for whom I might work in the future, with any employer by whom I have been employed at any time during the past two (2) years. If a job offer is extended, my initial and continued employment will be conditioned upon execution of agreements, if appropriate, with regard to invention, patent, confidentiality and non-competition. As part of the pre-employment process, I understand that I may be required to submit to a drug test.

If employed, I will be required to provide proof of identity and legal work authorization, and I must meet minimum age requirements of applicable laws. I understand and acknowledge that there have been no oral or written representations made promising or guaranteeing employment or continued employment.

I understand that nothing contained in this application, offer letter, or in the interview process is intended to create an employment contract between the Company and me. If I am employed, I have a right to terminate my employment at any time and for any reason. Similarly, the Company may terminate my employment at any time, with or without notice and with or without cause. The Company is an at-will employer. I further understand that no representative of the Company has any authority to enter into any agreement with me for any specified period of time or to guarantee some other benefit, other than the President and any such agreement must be in writing to be effective. Supervisors do not have authority to make oral agreements guaranteeing employees’ future promotions, pay raises, benefits, reassignments or transfers. Any such assurances must be in writing and signed by the President to be enforceable. This statement applies to the period prior to or after I may be employed.

I understand that my application for employment will be considered active for 60 days. After the expiration of 60 days, and, if I still desire to be considered for employment, it will be necessary for me to complete a new application.

Signature of Applicant: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

(Print)

Date: \_\_\_\_\_