



Industrial Insulation Group, LLC

A Calsilite/Johns Manville Joint Venture

EMPLOYMENT APPLICATION

DATE _____

PERSONAL INFORMATION (PLEASE PRINT)

NAME: Last	First	Middle	SOCIAL SECURITY NUMBER
ADDRESS: Number & Street	City	State	Zip Code
			TELEPHONE NUMBER

Are you a U.S. citizen, a national of the U.S., an alien lawfully admitted for permanent residence, or an alien authorized to be hired for an available job? Yes _____ No _____
 You will be required to provide proof of identity & employment eligibility, if hired, in accordance with the requirements of the Immigration Reform & Control Act.

Are you 18 years of age or older? Yes _____ No _____	Have you ever worked for Industrial Insulation Group, LLC? Yes _____ No _____ If Yes, what position & what location? _____ From _____ To _____
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What prompted your application? (Check one)
 State Job Service _____ Agency (Indicate Name) _____ Walk In _____ Internet _____ Veterans/other organization (explain) _____
 Employee Referral (Indicate Name) _____ Advertisement _____ School _____ Other (explain) _____

POSITION DESIRED:	Minimum Rate Desired	What date can you begin work? _____ Which shifts can you work? 1st _____ 2nd _____ 3rd _____ All _____
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Is there anything that would prevent you from regularly reporting to work, reporting to work on time or from working any particular hours or shifts?
 Yes _____ No _____ If Yes, please explain.

Do you have any relatives that work for Industrial Insulation Group, LLC? Yes _____ No _____ Please provide name(s) & location(s).

Have you ever been convicted of a unexpunged felony or a misdemeanor? Yes _____ No _____ If Yes, please indicate date(s), circumstances & disposition. PLEASE NOTE: Conviction of a crime is not an automatic bar to employment. All circumstances will be considered. List all pertinent information. Attach additional sheets if necessary.

EMPLOYMENT HISTORY

NAMES OF PREVIOUS EMPLOYERS (List Most Recent Positions First) COMPANY NAME, ADDRESS & TELEPHONE NUMBER	EMPLOYED		POSITION HELD & DESCRIPTION OF DUTIES	REASON FOR LEAVING	FINAL SALARY
	FROM	TO			
COMPANY NAME, ADDRESS & TELEPHONE NUMBER					
COMPANY NAME, ADDRESS & TELEPHONE NUMBER					
COMPANY NAME, ADDRESS & TELEPHONE NUMBER					
COMPANY NAME, ADDRESS & TELEPHONE NUMBER					

Have you ever been discharged or ask to resign from any job? Yes _____ No _____ If Yes, please provide the circumstances. Attach additional sheet if necessary.

EDUCATION

NAME OF SCHOOL	ADDRESS	COURSE OF STUDY & GRADE POINT AVERAGE (GPA)	DEGREE	GRADUATED	
				YES	NO
Elementary					
High School/GED					
College/Technical					
Graduate School					
Business/Trade/Correspondence School					

OTHER SKILLS: <small>computer, clerical, technical etc.</small>	Please Describe:
PROFESSIONAL LICENSE(S)	Include type, issuing state/organization, active or inactive, control number (if applicable). Attach addition sheet if necessary.

MILITARY EXPERIENCE

Have you served in the Uniform Services of the United States, including the National Guard or Reserves? Yes _____ No _____	BRANCH OF SERVICE	DATES OF ACTIVE SERVICE FROM _____ TO _____
DESCRIBE POSITION(S) HELD, DUTIES, SCHOOLING & SPECIAL SKILLS ACQUIRED. Attach additional sheet if necessary.		
RANK OR GRADE AT TIME OF DISCHARGE	DATE & TYPE OF DISCHARGE	

REFERENCES

NAME	TITLE/OCCUPATION	RELATIONSHIP	PHONE NUMBER	HOW LONG KNOWN?

My signature below indicates that I have read, understand and agree to the following:
 I have provided true and complete information in this application. Incomplete or false information, whenever discovered, may terminate my employment or consideration for employment. I understand that my completion of this application does not constitute an offer of employment and that my application might not result in my being hired by IIG. Neither this application nor subsequent employment nor any IIG policy creates any type of a contract, or a guaranty of employment for any period of time. Employment at IIG is at-will and continues only as long as both I and IIG desire and may terminated with or without cause or notice, at any time. I understand and acknowledge that no IIG representative (other than the President, in writing) has the authority to make any binding representations or promises contrary to the above, or to promise me employment, a particular position, pay rate, etc., and I agree and acknowledge that I am not relying on any representations or promises in connection with possible employment with IIG.

If employed, I will follow all IIG's policies. My failure to do so could result in dismissal. Regardless of my starting work schedule, I may be asked to work different departments, shifts, weekends and holidays. A refusal to do such work may result in my dismissal. Schedule conflicts or continued unavailability to work may lead to discipline including termination. In connection with IIG's consideration of me for employment, continued employment, promotion or reassignment, I understand that IIG may conduct investigative inquiries into my background that may include obtaining consumer, credit, criminal, driving, personal reference, job reference, and other reports or information pertaining to me. These inquiries will be conducted, and reports obtained to provide IIG with information regarding my character, general reputation, personal characteristics, work records and characteristics, achievements, skills and abilities, education and training, employment experience, past job performance, attendance and discipline information, reasons for termination of previous employment and other pertinent information. All such inquiries will be made in compliance with applicable laws.

I authorize without reservation and after appropriate verification of the authenticity of the request, any person or entity contacted by IIG or anyone acting on its behalf, to furnish the above stated information as requested. I authorize IIG to disclose, as necessary, my social security number and other pertinent data in order to obtain the above information. I release IIG, all prior employers and all responding entities and individuals from any and all claims and all liability for damages that may result to me arising out of the disclosure of information as described above. I understand and agree that as a condition of employment I must successfully pass a pre-employment drug test, and that it is a condition of continuing employment to comply with IIG's drug and alcohol policies, including submission to testing. I understand that if I refuse to execute this acknowledgement and authorization, IIG may decline to consider me for employment based on this refusal. A copy of this executed authorization shall be as valid as the original.

APPLICANT'S SIGNATURE	DATE
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