

Employment Application



Date

Personal Information

Name (Last Name, First)		Social Security Number	
Present Address (Street, City, State)			Zip Code
Permanent Address (Street, City, State)			Zip Code
Phone Number		Referred By	

Employment Desired

Position	Date You Can Start	Salary Desired
Are You Employed?	If So, May We Contact Your Present Employer?	
Have You Ever Applied to Thomas Insulation Corporation Before?	If So, When?	

Education History

Highest Level of Education?	Dates of Attendance	Did You Graduate? If so, When and Where?
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Former Employers (List below the last four employers, starting with the last one first. Please note that you should list the last 10 years of employment)

Dates (Month & Year) From and To	Name & Address of Employer	Salary	Position	Reason for Leaving?
Dates (Month & Year) From and To	Name & Address of Employer	Salary	Position	Reason for Leaving?

Former Employers (continued)

Dates (Month & Year) From and To	Name & Address of Employer	Salary	Position	Reason for Leaving?
Dates (Month & Year) From and To	Name & Address of Employer	Salary	Position	Reason for Leaving?

References (Give below the names of three (3) persons not related to you whom you have know at least one year e.g. more than 12 months)

Name	Address	Business (including telephone)	Years Known
Name	Address	Business (including telephone)	Years Known
Name	Address	Business (including telephone)	Years Known

Applicant Authorization

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. Thomas Insulation Corporation is an “at-will” employer. This waiver does not permit the release or use of disability-related information or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws. Please be sure to read the terms and conditions at thomas-insulation.com/terms as well as the employee handbook (if employed) for additional information. I have read and understood the disclaimer at the bottom of this page.

Signature	Date
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DO NOT WRITE BELOW THIS SECTION

Remarks

Hired	Position	Will Report To	Salary	Approved (Employment Manager)
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This application for employment is for general use and your convenience in the USA. Alternatively, you may in lieu of this form provide a Resume. Thomas Insulation Corporation assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state, and/or federal laws may be based. It is the user’s responsibility to ensure that this form’s use complies with applicable laws, which change from time to time.