



MASTERFOAM INSULATION COMPANY

APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION _____

A. PERSONAL INFORMATION

NAME: _____

Best way to reach you CHECK HERE

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

B. PLACEMENT INFORMATION

DESCRIBE ANY EXPERIENCE YOU MAY HAVE IN THE CONSTRUCTION FIELD

ARE YOU AFRAID OF HEIGHTS? YES _____ NO _____

DO YOU HAVE ANY PHYSICAL CONDITION WHICH MAY IMPAIR YOU FROM LIFTING, CLIMBING OR DRILLING?
IF SO PLEASE EXPLAIN?

DO YOU HAVE ANY KNOWN REACTION TO DUST?

DO YOU POSSESS A COMMERCIAL DRIVERS LICENSE? YES _____ NO _____

WHAT TYPES OF TRUCKS HAVE YOU DRIVEN? _____

C. EMPLOYMENT RECORD

ARE YOU CURRENTLY EMPLOYED? CIRCLE ONE

YES

NO

	<u>EMPLOYER</u>	<u>DATES EMPLOYED</u>	<u>WAGES</u>	<u>FIELD OF EMPLOYMENT</u>
CURRENT				
PAST				
PAST				
PAST				
PAST				

D. OTHER

DESCRIBE YOUR HOBBIES, GIFTS, TALENTS ECT.

ARE THERE OTHER RESPONSIBILITIES THAT MAY KEEP YOU FROM WORKING?

IF HIRED, WHEN COULD YOU START?

I HEREBY AUTHORIZE MASTERFOAM INSULATION COMPANY TO CONTACT PRIOR EMPLOYERS TO OBTAIN ANY AND ALL INFORMATION TO MY PAST WORK PERFORMANCE. I UNDERSTAND AND AGREE THAT THIS EMPLOYMENT APPLICATION, BY ITSELF OR TOGETHER WITH OTHER FACILITY DOCUMENTS OR POLICY STATEMENTS, DOES NOT CREATE A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT I MAY VOLUNTARILY LEAVE OR BE TERMINATED AT ANY TIME AND FOR ANY REASON—GOOD, BAD, OR NO REASON AT ALL.

SIGNATURE

DATE
