JORDAN INSULATION CAULKING & SELANTS

1501 Madison Ave. Yakima, Washington 98902

(509) 457-8892

EMPLOYMENT APPLICATION

JORDAN INSULATION CAULKING & SEALANTS, is an equal opportunity employer. This application will not be used to limit or exclude any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

Applicant Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Date of Application: _____

Employment Position

Position(s) applying for:

How did you hear about this position? _____

On what date can you start working if you are hired? _____

Do you have reliable transportation to and from work? _____

Salary desired: _____

(Note: JORDAN INSULATION CAULKING & SEALANTS. complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Personal Information

Have you ever applied to or worked for JORDAN INSULATION CAULKING & SEALANTS before? Yes No

If yes, when?

Do you have any friends, relatives, or acquaintances working for JORDAN INSULATION CAULKING & SEALANTS? Yes No

If yes, state name & relationship:

Are you a U.S. citizen or approved to work in the United States? Yes No

What document can you provide as proof of citizenship or legal status?

Will you consent to a mandatory controlled substance test? Yes No

Do you have any conditions that would require job accommodations? Yes No

If yes, please describe the accommodations required below.

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted, and disposition of the case:

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Military:

Are you a member of the Armed Services? _____

What branch of the military did you enlist in? _____

What was your military rank when discharged? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position?

_____

_____

Previous Employment

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

References

Please provide 3 personal and professional reference(s) below:

Reference	Contact Information

Additional Information:

ARE YOU ABLE TO WORK OUT OF TOWN	YES / NO
ARE YOU AFRAID OF HEIGHTS	YES / NO
ARE YOU CLOSTROPHOBIC	YES / NO

AT-WILL EMPLOYMENT

The relationship between you and JORDAN INSULATION CAULKING & SEALANTS is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the JORDAN INSULATION CAULKING & SEALANTS. No representative of JORDAN INSULATION CAULKING & SEALANTS has the authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature: _____ Dated: _____

FOR OFFICE USE:

- Photo ID
- Social security card / 2nd form of ID
- Driving abstract
- Drug test performed