



**Before filling out this application,
please be sure that you are able to:**

Antes de llenar este uso, sea por favor seguro que usted puede:

- ✓ Provide a clean California DMV printout
Entregar un reporte limpia del DMV de California
- ✓ Provide a valid California drivers license
Entregar una licencia de manejar válido de California
- ✓ Provide an original US Social Security card, valid Resident Alien card or current US Passport
Entregar una tarjeta originale del seguro sociale de los E.E.U.U. válida , válida Tarjeta extranjera residente o un pasaporte válida de los E.E.U.U.
- ✓ Pass a pre-employment alcohol and drug screening
Pase un investigación de la droga y alcohol del pre-employment

Please, if you know there will be any problems with any of the above items, **DO NOT** fill out this application. It is better that we know now then find out later.

*Por favor, si usted sabe que habrá cualesquiera problemas con cualquiera de sobre artículos, **NO** complete este uso. Es mejor que nosotros sepa ahora entonces encuentran hacia fuera más adelante.*

**THANK YOU FOR YOUR INTEREST IN
GRACIAS POR SU INTERÉS ADENTRO**

TRI-COUNTY INSULATION



Lic 632052 A DIVISION OF STATEWIDE INSULATION INC

APPLICATION FOR EMPLOYMENT	
BRANCH:	<input type="checkbox"/> SANTA CRUZ
	<input type="checkbox"/> SANTA CLARA
Proud to be an equal opportunity employer.	

PERSONAL INFORMATION (please print)

NAME:		Date:	
Social Security Number:			
Present Home Address:			
City:	State:	Zip:	
Telephone:	Cellular Phone:	Pager:	
Permanent Address (if different from present address)			
No. & Street	City	State	Zip
Can you prove that you are legally entitled to work in the USA?		Yes	No
If not a U.S. citizen, enter your Visa Number and Expiration Date:			
Do you have a valid California Driver's License?		Yes	No
		Number	
EMPLOYMENT DESIRED Position applying for:			
<input type="checkbox"/> FIREPLACE INSTALLER		<input type="checkbox"/> INSULATION INSTALLER	<input type="checkbox"/> ACOUSTICAL INSTALLER
		<input type="checkbox"/> SALES	<input type="checkbox"/> OFFICE
			<input type="checkbox"/> WAREHOUSE
Salary Desired:		Will you work overtime on occasion if necessary?	
Full-Time	Part-Time	Hours and/or days available:	
Referred by:		Date you can start:	
Special Training or Skills:			

FOR STATEWIDE INSULATION INC. USE ONLY

DATE _____	TCI ee _____	<input type="checkbox"/> APP	<input type="checkbox"/> CADL	<input type="checkbox"/> MVR	<input type="checkbox"/> SS/INS
<input type="checkbox"/> Future appt/TO _____	<input type="checkbox"/> ConstrX	<input type="checkbox"/> InsX	<input type="checkbox"/> ACX		
<input type="checkbox"/> FRPX	<input type="checkbox"/> FPX	<input type="checkbox"/> WHX	<input type="checkbox"/> Flu: S R W	<input type="checkbox"/> AltFlu: _____ S R W	
* _____	* _____	* _____	* _____	* _____	* _____
<input type="checkbox"/> NEW HIRE # _____		<input type="checkbox"/> REHIRE (PREVIOUS NAME IF ANY) _____			
JOB TITLE _____					
DATE OF HIRE _____			REPORT DATE _____		
<input type="checkbox"/> HOURLY	<input type="checkbox"/> SALARIED	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	RATE OF PAY \$ _____ @ _____	
TEMPORARY _____ to _____		<input type="checkbox"/> PIECE RATE	RATE OF PAY \$ _____ @ _____		
SCHEDULED DAYS/HRS _____					

Have you ever applied to or worked for Tri-County Insulation before? _____ If yes, when?

Do you have any friends or relatives working for Tri-County Insulation? _____ If yes, state names(s) and relationship:

Why are you applying for work at Tri-County insulation? _____

If hired, would you have a reliable means of transportation to and from work? _____

Are you at least 18 years old? _____ (Hire subject to minimum legal age verification.)

If applying for a driver position, are you at least 21 years old? _____

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, back stress test, drug test, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) If yes, state nature of the crime(s), when and where convicted, and disposition of the case. _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however be considered.)

TO BE COMPLETED BY DRIVER POSITION APPLICANT:

List any accidents or traffic convictions you experienced in the last 3 years (attach additional sheet if necessary.)

Date	Accident Type	Fatality Or Injury?	Ticket Type	Penalty	State

TO BE COMPLETED BY INSULATION or ACOUSTICAL INSTALLER APPLICANT:

Please check any that apply. Construction Experience Insulation Experience

Equipment and Tool proficiency certificates _____

TOOLS: Staple Gun Hard Hat Knife Boots Goggles Pouch Poly Gun

Dust Mask Respirator/Mask Screwdriver Hammer Hacksaw

Tape Measure Snap Chalk Line

TO BE COMPLETED BY FIREPLACE INSTALLER APPLICANT:

Please check any that apply. Construction Experience Acoustical Experience

Equipment and Tool proficiency certificates _____

TOOLS:

EDUCATION RECORD
(HIGHEST ACHIEVED)

HIGH SCHOOL:	
(city & state)	Did You Graduate?:
BUSINESS, TRADE OR TECHNICAL SCHOOL:	
(city & state)	
Dates Attended:	Degree or Subject:
COLLEGE:	
(city & state)	
Dates Attended:	Degree or Major:

WORK HISTORY

Account for the past five years, including all periods of unemployment, starting with the most recent.
You must complete this section even if attaching a resume. Attach more pages if necessary

NAME OF EMPLOYER		Telephone Number		
Type of Business		Your Supervisor's Name		
Address & Street		City	State	Zip
Dates of Employment	From	To	Hourly Pay	Start End
Your Position And Duties				
Reason For Leaving		May we contact this employer for a reference?		
NAME OF EMPLOYER		Telephone Number		
Type of Business		Your Supervisor's Name		
Address & Street		City	State	Zip
Dates of Employment	From	To	Hourly Pay	Start End
Your Position And Duties				
Reason For Leaving		May we contact this employer for a reference?		
NAME OF EMPLOYER		Telephone Number		
Type of Business		Your Supervisor's Name		
Address & Street		City	State	Zip
Dates of Employment	From	To	Hourly Pay	Start End
Your Position And Duties				
Reason For Leaving		May we contact this employer for a reference?		

NOTE: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. You may exclude convictions for marijuana related offenses for personal use more than two years old, convictions that have been sealed, expunged or eradicated, or misdemeanors for which probation was

completed and the case dismissed by the court. The nature, date surrounding circumstances and relevance of the offense to the position for which you are applying will be taken into consideration. Giving false information could be grounds for termination.

References - List below three persons not related to you who have knowledge of your work performance within the last three years.

1.) _____
First Name Last Name Telephone Number

Address & Street City State Zip

Occupation Number of Years Acquainted

2.) _____
First Name Last Name Telephone Number

Address & Street City State Zip

Occupation Number of Years Acquainted

3.) _____
First Name Last Name Telephone Number

Address & Street City State Zip

Occupation Number of Years Acquainted

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize Tri-County Insulation, to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further authorize the references I have listed to disclose to Tri-County Insulation any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Tri-County Insulation, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Tri-County Insulation. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Tri-County Insulation and that no promises or representations contrary to the foregoing are binding on Tri-County Insulation unless made in writing and signed by me and Tri-County Insulation's designated representative.

_____ Should a search of public record (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by Tri-County Insulation. I am entitled to copies of such public records obtained by Tri-County Insulation unless I mark the box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above

Date

Applicant Signature



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**APPLICATION
FOR
EMPLOYMENT**

BRANCH: SANTA CRUZ
 SANTA CLARA

Proud to be an equal opportunity employer.

To be completed by applicant (SIGNATURE NOT REQUIRED):

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will not become part of your personnel record is you are hired by this company.

Name: _____

Sex: Male Female

Race / Ethnicity: American Indian / Alaskan Native
 Asian / Pacific Islander
 Black
 Hispanic
 White

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

- Vietnam Era Veteran
- Disabled Veteran
- Individual with a Disability

* * * * *

To be completed by employer:

- EEO-1 Category:
- | | |
|---|---|
| <input type="checkbox"/> 1. Officials and mangers | <input type="checkbox"/> 6. Crafts – skilled |
| <input type="checkbox"/> 2. Professionals | <input type="checkbox"/> 7. Operatives – semi-skilled |
| <input type="checkbox"/> 3. Technicians | <input type="checkbox"/> 8. Laborers – unskilled |
| <input type="checkbox"/> 4. Sales | <input type="checkbox"/> 9. Service workers |
| <input type="checkbox"/> 5. Office and clerical | |

Employer information completed by: _____ on _____