



Application for Employment

An Equal Opportunity Employer

THIS COMPANY REQUIRES PASSAGE OF A DRUG SCREEN AS A CONDITION OF EMPLOYMENT

All potential employees will receive consideration for positions without regard to race, color, religion, age, sex, sexual orientation, marital status, individuals with disabilities or veteran status.

PERSONAL INFORMATION

NAME (PRINT): _____ TODAY'S DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

EMAIL: _____

EMPLOYMENT DESIRED

POSITION APPLYING FOR: _____

HOW DID YOU LEARN OF THE POSITION? _____

DATE AVAILABLE TO START: _____ WAGE DESIRED: _____

ARE YOU CURRENTLY EMPLOYED? YES NO

DO YOU HAVE RELATIVES OR FRIENDS WORKING HERE? YES NO WHOM: _____

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

HAVE YOU APPLIED HERE BEFORE? YES NO WHEN? _____

ARE YOU A U.S. CITIZEN OR ARE YOU OTHERWISE AUTHORIZED TO WORK IN THE U.S. WITHOUT ANY RESTRICTION? YES NO

EDUCATION

SCHOOL	LOCATION	YEARS ATTENDED	DID YOU GRADUATE	MAJOR

OTHER TRAINING, SPECIAL SKILLS, CERTIFICATIONS, OR LICENSES HELD THAT ARE PERTINANT TO THE POSITION YOU ARE APPLYING FOR:

EMPLOYMENT HISTORY

(LIST MOST RECENT EMPLOYER FIRST)

1.EMPLOYER _____ JOB TITLE _____
START DATE _____ END DATE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE NUMBER _____ SUPERVISOR _____
DUTIES _____
REASON FOR LEAVING _____

2.EMPLOYER _____ JOB TITLE _____
START DATE _____ END DATE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE NUMBER _____ SUPERVISOR _____
DUTIES _____
REASON FOR LEAVING _____

3.EMPLOYER _____ JOB TITLE _____
START DATE _____ END DATE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE NUMBER _____ SUPERVISOR _____
DUTIES _____
REASON FOR LEAVING _____

PLEASE EXPLAIN ANY PERIODS DURING WHICH YOU WERE NOT EMPLOYED
(EXCEPT FOR MILITARY SERVICE) _____

REFERENCES: This section must be completed to be considered for employment.

YOU MUST LIST TWO (2) FORMER SUPERVISOR REFERENCES AND ONE (1) CO-WORKER REFERENCE

1. FORMER SUPERVISOR NAME _____ **PHONE NUMBER** _____

EMPLOYER NAME: _____

EMAIL ADDRESS: _____ **YEARS KNOWN** _____

2. FORMER SUPERVISOR NAME _____ **PHONE NUMBER** _____

EMPLOYER NAME: _____

EMAIL ADDRESS: _____ **YEARS KNOWN** _____

3. CO-WORKER NAME _____ **PHONE NUMBER** _____

EMPLOYER NAME: _____

EMAIL ADDRESS: _____ **YEARS KNOWN** _____

IMPORTANT: PLEASE READ AND SIGN BELOW

"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 listed above to give you any and all information concerning my previous employment and any pertinent information they may have and release all parties from all liability for any damage that may result from furnishing the same to you.

I understand that the Company requires the successful completion of a drug testing and background check as a condition of employment. By submitting this Application for Employment, I hereby consent to test, at the Company's discretion.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause."

SIGNATURE _____ **DATE** _____

Please note: Applications are only kept on file for one year, after that time applicants must re-apply.

CERTIFICATION
(READ THIS CAREFULLY BEFORE SIGNING)

In submitting this Application for Employment, I authorize investigation of all the information I provide to Therma-Stor, LLC in connection with the consideration of my application for employment, and I release Therma-Stor, LLC and previous employers from any liability arising from the disclosure of information concerning my past employment history. I understand and agree that if I provide any false or misleading information in connection with this application, it will be sufficient cause for the cancellation of this application and/or for separation and termination from the Company's service if I have been employed.

I acknowledge that Therma-Stor, LLC reserves the right to conduct all appropriate investigations pursuant to my application, including, as needed, a pre-employment drug screen, and that employment would be contingent upon the successful completion of such pre-employment drug screening investigations.

I acknowledge that completion of this application does not indicate that any position is open or promised.

I agree, if employed, to abide by all company rules and regulations.

SIGNATURE _____ **DATE** _____

INVITATION TO SELF-IDENTIFY

Therma-Stor is an equal opportunity employer in all personnel practices. We are committed to affirmative action and prohibited discrimination based on race, color, sex, age, religion, national origin, disability, veteran status, or any other unlawful forms of discrimination.

Therma-Stor invites all applicants to provide the information requested below. This information will be used in fulfilling Federal and State regulations and statistical reporting requirements. Completion of the following information is voluntary and refusal to provide it will not subject you to an adverse treatment. The information obtained is separated from your application and will be treated in a highly confidential manner.

NAME _____ **DATE** _____

POSITION APPLIED FOR _____

Please check one: Male Female

Indicate the Appropriate Race/Ethnic Group you consider yourself:

Caucasian/White: Persons having origins in any of the original peoples of Europe, North Africa, and the Middle East who are not of Hispanic origin.

African American/Black: Persons with origins in any of the Black racial groups of Africa (includes Jamaicans and Trinidadians), who are not of Hispanic origin.

American Indian / Alaskan Native: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition (includes Eskimos and Aleuts).

Hispanic: Persons of Mexico, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.

Asian / Pacific Islander: Persons having origins in any of the original peoples of China, Japan, Korea, the Philippine Islands, the Indian subcontinent (including Pakistanis), the Far East, Southeast Asia, The Pacific Islands (includes Vietnamese, Thais, Indonesians, Malaysians, Hawaiians, and Samoans).

Two or More Races. Not Hispanic or Latino

To Vietnam Era Veterans, Disabled Veterans and Individuals with Physical or Mental Disabilities*

Special Disabled Veteran – A person who is entitled to disability compensation under the laws administered by the Veterans Administration for a disability rated at 30% or more, or rated at 10 or 20% in the case of a veteran who has been determined to have a serious employment handicap; or a person whose discharge from active duty was for a disability incurred or aggravated in the line of duty.

Vietnam Era Veteran – A person who served on active duty for more than 180 days, any part of which occurred in the Republic of Vietnam between February 28, 1961 and May 7, 1975 or between August 5, 1964 and May 7, 1975 in all other cases, and was discharged with other than dishonorable discharge.

Other Veterans – A person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

Disabled Individual – A person who has a mental or physical impairment which substantially limits one or more major life activities, has a record of such impairment, or is perceived as having such impairment.

***This information is used to satisfy the Affirmative Action Requirements of Section 503 of the Rehabilitation Act and as necessitated by other Federal laws or regulations.**