



# Southern Insulation, Inc. – Application for Employment

Main Office: 5218 Monroe Place, Hyattsville, MD 20781 P: (301) 985-3050 F: (301) 985-3029

PA Office: 20 East 6<sup>th</sup> Street, Waynesboro, PA 17264 P: (240) 375-8984

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/Apartment # City State Zip Code

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you authorized to work in the U.S.?  Yes  No Are you 18 years of age or older?  Yes  No

How did you hear about our company? \_\_\_\_\_

*"In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire."*

## Position Desired

Have you applied here before?  Yes  No Are you currently employed?  Yes  No

Have you previously worked for Southern Insulation, Inc.?  Yes  No

If yes, was employment within the last three years?  Yes  No

Reason(s) for leaving: \_\_\_\_\_

Check the Department for which you are applying for and note the position which you are seeking in that Dept.

**Administrative:** \_\_\_\_\_  **Asbestos/Lead:** \_\_\_\_\_

**Demolition:** \_\_\_\_\_  **Fireproofing:** \_\_\_\_\_

**Insulation:** \_\_\_\_\_  **Warehouse:** \_\_\_\_\_

Start date available: \_\_\_\_\_ Available for which employment?  Full-time  Part-time

Wage rate desired: \$ \_\_\_\_\_  Hourly  Monthly  Annually # Years Experience? \_\_\_\_\_

Are you a member of a Local Union? Yes,  #24  #657-11  #891  No, Not Affiliated with Union

Due to the nature of work performed in our industry, hours which our employees are requested to work can vary greatly. Please mark if you are available to work on:  Weekends  Nights  Holidays  Overtime  
 Day Shift Only Monday through Friday

Are you able to perform the essential functions of the position which you are applying for?  Yes  No

Will you need Southern Insulation to provide you with reasonable accommodations to perform a specific job duty? If yes, what accommodation?  
\_\_\_\_\_

Southern Insulation performs work throughout the DC, MD, VA, DE and PA areas, at times other states. Are you able to commute to these locations and be available to work?  Yes  No

Have you ever served in the US Military?  Yes  No If yes, What Branch? \_\_\_\_\_

Have you ever held a DoD National Security Clearance?  Yes  No If yes, What Level? \_\_\_\_\_



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## Education

High School ( <i>Name, City &amp; State</i> ):	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Years Attended:	Course of Study:
Technical School( <i>Name, City &amp; State</i> ):	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Years Attended:	Course of Study:
College/University( <i>Name, City &amp; State</i> ):	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Years Attended:	Course of Study:
Other education, training or special skills:			

## Work Experience

**Please list all previous employment, beginning with the most recent.** If you need more room, you may attach another sheet of paper.

Employer:	Address:		Position Held:	
Start Date	Termination Date	Reason for Leaving:	Salary:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Address:		Position Held:	
Start Date	Termination Date	Reason for Leaving:	Salary:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Address:		Position Held:	
Start Date	Termination Date	Reason for Leaving:	Salary:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

## References

Please list names of persons willing to provide professional and/or character references:

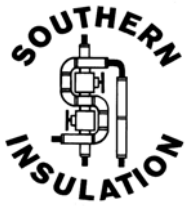
#1 Name:	Phone/Email:
Company/Position: Years	Known:
#2 Name:	Phone/Email:
Company/Position: Years	Known:
#3 Name:	Phone/Email:
Company/Position: Years	Known:



**Southern Insulation, Inc.**  
Authorization and Acknowledgments  
Hiring and Employment Policies

Thank you for considering Southern Insulation, Inc. as a potential employer. Below are important components of our hiring process. Please review these policies and check the box at the left to note that you have read and understand them.

- Southern Insulation, Inc. is an equal employment opportunity employer which selects the individual who is the best match for a position based on job-related qualifications, without regard to race, color, creed, sex, national origin, religion, sexual preference, age, disability, or other protected group status.
- If you are the successful applicant for this position or for any other position, Southern Insulation, Inc. will contact you by telephone, letter, or email to extend an offer of employment to you. The offer letter will provide an overview of terms and conditions of employment.
- Southern Insulation, Inc. employs its personnel "at will." This means that you are free to leave your employment with Southern Insulation at any time, and Southern Insulation is free to terminate your employment at any time. The period upon which compensation is based, e.g., hourly, monthly, annually, does not modify an employee's at will status.
- Southern Insulation, Inc. embraces a zero tolerance policy on harassment. This means that any harassment of fellow employees, customers, vendors, or anyone associated in any way with Southern Insulation is strictly prohibited. All complaints of harassment will be promptly, fully and fairly investigated. Persons found guilty of harassment of any kind including, without limitation, harassment based upon gender, race, or sexual orientation, are subject to discipline up to and including discharge.
- Any modifications of the standard policies of Southern Insulation, Inc. must be approved in writing by the President of the company. Any modifications related to your employment should be in writing signed by you and designated upper management official.
- Any intentional falsification, misrepresentation, or distortion made in any company document, including employment applications, is grounds for immediate discharge.
- Southern Insulation, Inc. maintains demographic data regarding its job applications in order to comply with applicable law and to assure that we provide equal employment opportunity to applicants. We collect this information in the first part of the Employment Application and clearly identify it. This information will be separated from your application and none of it will, under any circumstances, be used in making hiring decisions.
- All policies of Southern Insulation, Inc. are in writing. They are contained in the employee handbook and/or are distributed to employees during time of employment. You



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should not rely upon any oral representations made to you by anyone in the company, if the representation is contrary to the written policy.

- Southern Insulation, Inc. is a drug and alcohol free work place. This includes all work activities on Southern Insulation property or any worksite where Southern Insulation is performing work. All new hires are required to pass an initial pre-employment drug screen to maintain employment. Turnaround time for test results may vary from 24-72 hours. A person may begin employment before results are returned to Southern Insulation, however, shall a test come back positive, it is cause for immediate dismissal. Failure to pass a pre-employment drug screen or voluntary termination on part of the employee within 30 days of hire will result in the cost of the Drug Screen to be deducted from any wages owed to the employees.
  
- Southern Insulation, Inc. may at any time ask you to submit to a random drug test. Likewise, if Southern Insulation, Inc. ever has reason to suspect your use of illegal drugs or misuse of legal ones, or your use of alcohol during work hours, Southern Insulation, Inc. has the right to require you to submit to drug and/or alcohol testing.

By signing below, I hereby acknowledge that I understand the foregoing policies and principles, and have indicated my understanding by checking the appropriate boxes. I understand that compliance with the foregoing, as applicable, is a material term and condition of my employment.

By signing below, I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

By signing below, I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

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### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

## Voluntary Self-Identification of Veterans

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

### Definitions

A "disabled veteran" is one of the following:

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" means any veteran discharged or released during the most recent three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

### Self-Identification

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. Please indicate your veteran status by checking the appropriate box below.

- I am NOT a veteran.
- I belong to the following classifications of protected veterans (Choose all that apply):
- RECENTLY SEPARATED VETERAN
- ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN
- ARMED FORCES SERVICE MEDAL VETERAN
- I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
- I am a veteran, but NOT a protected veteran.

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Date

## Voluntary Self-Identification of Veterans

### Reasonable Accommodation Notice

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.





# Southern Insulation, Inc. – Affirmative Action Program Employee Questionnaire for Self-Identification

Name: \_\_\_\_\_

Position Being Applied for: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

**Anti-Discrimination Notice.** It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

Responses will remain confidential within the Human Resources Department; and will be used only for the necessary information to include in our Affirmative Action Program and reporting requirements to the government. When reported, data will not identify any specific individuals.

## INVITATION TO SELF-IDENTIFY

PLEASE ANSWER THE FOLLOWING QUESTION

❖ **Gender:**  Male  Female

❖ **What is your race/ethnicity?** Please mark the **one box** that describes the race/ethnicity category with which you primarily identify.

**Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American:** a person having origins in any of the black racial groups of Africa.

**Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.