

Fairfield Insulation & Drywall LLC

1655 Election House Road NW, Lancaster, OH 43130

Application for Employment

Either return application to office or e-mail to trish@fairfieldid.com

Name:		Phone:		Date:	
Address:			City/State:		
Do you have transportation?		Driver License No:			
What position are you applying for?			When can you start?		
Can you drive a standard?		Worked as a driver?		Allergies?	
Can you routinely carry 50-75 pounds?				Afraid of heights?	
Any physical issues limiting your lifting, reaching, bending, climbing or balance?					
Height:		Weight:		Are you authorized to work in the US?	

Criminal activity will not automatically exclude you without us first reviewing the details

Have you been convicted or plead no contest to a felony or misdemeanor in the last 3 years?

Failure to accurately answer the above may result in your termination from employment.

Military Service - So we can recognize you

Branch of Service: Discharge Date:

Education					
	# of Years	Name of School	City	Course	Did you graduate?
High School					
College					

Experience						
Company	Location	Dates	Duties	Start Salary	End Salary	Reason for Leaving

References			
Name	Occupation	Phone Number	How do they know you?

<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>
<i>Applicant Signature</i>	Date

Interviewer Section

Date Hired: Starting Pay Rate:

Fairfield Insulation & Drywall LLC - Application

May we inquire with your past or present employer? Y/N

In connection with this application for employment, I understand and authorize the release of any information requested as to my character, work habits, performance, experience, reasons for termination of past employment from public and private sources including workers' compensation injuries, driving record, court record, education, credentials and references. Medical and workers' compensation information will only be requested in compliance with the Federal ADA and/or other applicable State Laws. I release all parties from all liability for any damage that may result from furnishing this information.

I certify that the information contained on this application is correct to the best of my knowledge and understand that falsification of, or omission on, this application process, or if discovered after employment, is grounds for dismissal. I acknowledge that, if I become employed, I will be an At Will Employee and I will be free to terminate my employment status. Fairfield Insulation & Drywall LLC retains the same rights. I agree to comply with the company policies in consideration of my employment, including a satisfactory pre-employment and subsequent random drug test.

Applicant Signature

Date

Fairfield Insulation & Drywall LLC Drug Testing Policy

I, _____, understand that as a final candidate for hiring by Fairfield Insulation & Drywall LLC (the company) I will receive a conditional offer for employment based in part upon my consent and submission to a drug test: that this drug test will be performed on a specimen of urine or blood which I give voluntarily; and that for accuracy, if the initial test is positive the test will be confirmed through a second, more comprehensive test (GC/MS).

I understand that as a result of refusing to take the pre-employment drug test or if there is a positive result on such a test, I will not qualify for employment with the company and any employment offer extended or employment already begun will be withdrawn. I further understand that any employment offer extended to me is subject to the company's final review and approval of my application and hiring even if I have a negative result on my pre-employment drug test. This testing policy also does not modify the employment-at-will status between myself and the company.

I understand that to receive the results of my pre-employment drug test, I must submit a written and signed request to the company. The test results will then be made available to me within sixty days from the company's receipt of the request.

I also understand that to promote safety and health of its workforce and as a condition of employment, the company requires employees to comply with the Company's Substance-Free Workplace Policy, which includes consenting to random drug and alcohol testing. Further, that as an employee I may be subject to testing as it is required by the contractor of any project on which the company serves as a sub-contractor.

My signature verifies that I have reviewed and understand this pre-employment drug testing policy of the company. Further, I agree to submit to a pre-employment drug test and to allow the release of test results to the company.

Applicant Signature

Date