



FIT TIGHT COVERS

REMOVABLE INSULATION SYSTEMS

APPLICATION FOR EMPLOYMENT

1. Name: _____ Date: ____ - ____ - ____
 Address: _____ SS#: ____ - ____ - ____
 City: _____ State: ____ Zip Code: _____
 Home Phone Number: (____) ____ - ____ Cell Phone Number (____) ____ - ____
 Email address _____

2. Position you are applying for? _____

3. Can you perform the essential functions of the position for which you are applying? YES [] NO []
 If no, please explain: (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

4. When are you available to begin work? _____

5. Are you legally eligible to be employed in the United States? YES [] NO []
(Proof of identity and eligibility will be required upon employment)

6. Are you over the age of 18 years? YES [] NO []

7. Have you ever been terminated from employment or asked to resign by an employer? YES [] NO []
 If yes, please explain:

8. Have you been convicted of a felony or a misdemeanor which resulted in imprisonment within the last seven years? YES [] NO [] If yes, please explain:
(A conviction will not necessarily result in the denial of employment.)

9. Have you ever worked for this Company before? YES [] NO []
 If yes, where? _____
 When? (Give dates) _____ Job Title: _____

10. Do you have any relatives or friends who work for the Company? YES [] NO []
 If yes, who and where do they work?

11. Have you ever done any volunteer work? YES [] NO [] If yes, describe:
(Omit any volunteer work which reflects your race, color, religion, age, sex, sexual orientation, marital status, or disabilities.)

12. Are you available to work: DAYS [] NIGHTS [] WEEKENDS [] FULL TIME []
 If you cannot work full time, please explain:

13. Days and hours available for work are as follows:

DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
FROM:							
TO:							

14. Are you presently employed? YES [] NO [] If yes, may we contact your employer? YES [] NO []
If presently employed, why are you considering leaving?

15. Do you belong to any professional, trade, business, or civic organizations that deal with the position for which you are applying? YES [] NO [] If yes, please explain and list offices held:
(Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status, or disabilities.)

16. Account for any full month since leaving school (high school or college) that you were not working:

FROM (Month/Year)	TO (Month/Year)	REASON

17. How did you hear about us?

18. Education

	Name of School	Location	Course of Study	No. of Years Completed	Type of Diploma or Degree Received
High School					
College					
Vocational or Trade School					
Graduate Studies					

A. Have you completed any special courses, seminars, or other training that would enable you to perform the position for which you are applying? YES [] NO [] If yes, describe:

B. List academic honors, extracurricular activities, offices held, etc., in high school or college:
(Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status, or disabilities.)

19. Employment: Start with your present or most recent position.

1. Name of Employer:		Telephone Number: ()	
Full Address (including Street, City, State, and Zip):		Supervisor's Name and Title:	
Dates Employed		Rate of Pay	
FROM (Month/Day/Year):	TO (Month/Day/Year):	BEGINNING:	FINAL:
Describe the work performed:			
2. Name of Employer:		Telephone Number: ()	
Full Address (including Street, City, State, and Zip):		Supervisor's Name and Title:	
Dates Employed		Rate of Pay	
FROM (Month/Day/Year):	TO (Month/Day/Year):	BEGINNING:	FINAL:
Describe the work performed:			
3. Name of Employer:		Telephone Number: ()	
Full Address (including Street, City, State, and Zip):		Supervisor's Name and Title:	
Dates Employed		Rate of Pay	
FROM (Month/Day/Year):	TO (Month/Day/Year):	BEGINNING:	FINAL:
Describe the work performed:			

Use an additional sheet of paper if more space is necessary.

20. Personal References: Provide three references (not relatives or employers).

1. Name:	Occupation:
Full Address (including Street, City, State, & Zip):	Telephone Number: ()
2. Name:	Occupation:
Full Address (including Street, City, State, & Zip):	Telephone Number: ()
3. Name:	Occupation:
Full Address (including Street, City, State, & Zip):	Telephone Number: ()

APPLICANTS WILL RECEIVE CONSIDERATION FOR POSITIONS, WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX (EXCEPT WHERE SEX IS A BONAFIDE OCCUPATIONAL QUALIFICATION), SEXUAL ORIENTATION, MARITAL STATUS, INDIVIDUALS WITH DISABILITIES, AND EQUALLY TO DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA.

IMPORTANT – PLEASE READ AND SIGN.

I understand that failure to reveal any prior employer or giving false or misleading information by me on any part of this Application for Employment can be grounds for termination from the company or its subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

Signed: _____ Date: _____

Mail or drop-off completed and signed application at:

Fit Tight Covers
1401 E Maryland Street
Evansville, IN 47711

Do not write below this line.

RESULTS

Employed: YES [] NO []

If Yes, Job Title: _____ Department: _____

Date beginning employment: _____ Compensation: \$ _____ per _____

Interviewed by: _____ Date: _____