

# Application for Employment

## Kirby-Vass Insulation, Inc.

PO Box 19345 Roanoke, VA 24019

ph. (540) 992-3960  
fax. (540) 992-4796

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, sex, disability, veteran status, or any other characteristic protected under local, state or federal law. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Name \_\_\_\_\_  
Last First M.I.

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security # \_\_\_\_\_

Cell phone \_\_\_\_\_

Do you have your own transportation and the ability to travel out-of town (hours away) on a regular basis as the job requires? \_\_\_\_\_ This requirement is a condition of employment.

How did you learn of our organization? \_\_\_\_\_

## Education

Schools	Name/Location	Circle Last Yr. Completed	Major Courses	Diploma/Degree
High School		7 8 9 10 11 12		
College		1 2 3 4 more		
Business or Trade		Months Attended		

If you served in the United States Armed Forces, briefly describe the skills you acquired: \_\_\_\_\_

Are you presently employed? Yes  No  If so, may we contact your present employer? Yes  No

If hired, when would you be available? \_\_\_\_\_

What are your salary requirements? \_\_\_\_\_

Are you at least 18 years of age? Yes  No  Are you available to work full-time? \_\_\_\_\_

# Employment History

Please list your complete employment history. List present or most recent employer first. Use an additional page, if necessary.

Employer	Employed (mo./Yr.)  From: To:	Type of work performed	Present or last salary	Reason for leaving
Address/City				
Name of Supervisor				
Employer	Employed (mo./Yr.)  From: To:	Type of work performed	Present or last salary	Reason for leaving
Address/City				
Name of Supervisor				
Employer	Employed (mo./Yr.)  From: To:	Type of work performed	Present or last salary	Reason for leaving
Address/City				
Name of Supervisor				

**We may contact the employers listed above** unless you indicate those you do not want us to contact.

DO NOT CONTACT \_\_\_\_\_ Reason \_\_\_\_\_

# Personal Information

Are you legally authorized to work in the U.S.? Yes  No

*Note: you will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents. In addition, all employees must provide a valid social security number which will be verified through the social security administration.*

Have you ever been convicted of a crime or are there any pending charges against you?

*(A conviction does not automatically bar you from employment)-please note, Kirby-Vass may perform background checks as deemed necessary.*

Yes  No  If yes, include details \_\_\_\_\_

If you are an experienced operator of any machines or equipment, please list:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any other skills or training you wish to mention? \_\_\_\_\_

## Additional Reference (not a relative)

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

*\*For additional references, please attach a separate sheet.*

I certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind. I agree that the Company shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment termination. I understand that a medical examination based on the requirements of the position for which I am being considered may be required, and that drug testing/passing **will** be required as a condition of employment. I voluntarily authorize Kirby-Vass Insulation Inc. to perform complete background checks on me, both before and during my employment at any time, and understand that the information obtained may be used in consideration of my employment or continued employment. I also voluntarily and knowingly authorize the companies, schools or persons named above to give any information requested regarding my former employment, character and qualifications. I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies, schools or persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment, which the party disclosing such facts knows to be untrue. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or myself.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Kirby-Vass Insulation Inc.**

**EQUAL EMPLOYMENT OPPORTUNITY VOLUNTARY SELF-IDENTIFICATION  
APPLICANT SURVEY**

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

Position applying for: \_\_\_\_\_

Date: \_\_\_\_\_

Our company is an equal opportunity employer and does not discriminate against any employee or applicant for employment on the basis of race, color, religion, sex, national origin, age, disability, or any other basis protected by law. No question on this form is intended to secure information to be used for such discrimination.

The company is required by federal regulation to report information as requested below. Your contribution of this information is completely **voluntary**. The information you provide is strictly confidential and will be maintained separate from your personnel file.

**PLEASE CHECK ONE:**  Male  Female

**INDICATE THE APPROPRIATE RACE/ETHNIC GROUP:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> White                  | <input type="checkbox"/> Hispanic or Latino             | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Two or more races                         |
|   | <input type="checkbox"/> Asian                          | <input type="checkbox"/> Other                                     |

**PLEASE CHECK ALL THAT APPLY:**

- Not a Veteran       Protected Veteran (see definitions on attached page)
- I do not wish to answer

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

## PROTECTED VETERAN DEFINITIONS

TITLE	DEFINITION
Veteran of the Vietnam Era	<p>Veteran of the U.S. military, ground naval, or air service, and part of whose service was during the period August 5, 1964 through May 7, 1975, who:</p> <ol style="list-style-type: none"> <li>1. served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge, or</li> <li>2. was discharged or released from active duty because of a service connected disability.</li> </ol> <p>“Vietnam era veteran” also includes any veteran of the U.S. military, ground, naval, or air service who served in the Republic of Vietnam between February 28, 1961 and May 7, 1975.</p>
Special Disabled Veteran	<p>Veteran who served on active duty in the U.S. military ground, naval, or air service, and:</p> <ol style="list-style-type: none"> <li>1. who was discharged or released from active duty because of a service connected disability, or</li> <li>2. who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) for certain disabilities under laws administered by the Department of Veterans Affairs (i.e., disabilities rated at 30 percent or more, or at 10 or 20 percent if the veteran has been determined to have a serious employment handicap).</li> </ol>
Disabled Veteran	<p>Veteran who served on active duty in the U.S. military ground, naval, or air service, and:</p> <ol style="list-style-type: none"> <li>1. is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to disability compensation) under laws administered by the Secretary of Veterans Affairs, or</li> <li>2. was discharged or released from active duty because of a service-connected disability.</li> </ol>
Recently Separated Veteran	<p>With respect to federal contracts and subcontracts entered into before December 1, 2003:            Any veteran who served on active duty in the U.S. military ground, naval, or air service during the one-year period beginning on the date of such veteran’s discharge or release from active duty.            With respect to federal contracts and subcontracts entered into on or after December 1, 2003:            Any veteran who served on active duty during the three-year period beginning on the date of such veteran’s discharge or release from active duty.</p>
Other Protected Veteran	<p>Any other 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, other than a special disabled veteran, veteran of the Vietnam era, or recently separated veteran.</p>
Armed Forces Service Medal* Veteran	<p>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 (61 Fed. Reg. 1209).</p> <p><b>* To determine eligibility for Veterans Preference please click on the following link:</b>  <a href="http://www.dol.gov/elaws/vets/vetpref/choice.html">http://www.dol.gov/elaws/vets/vetpref/choice.html</a></p>

**Additional website links:**

USERRA Notice:

[http://www.dol.gov/vets/programs/userra/USERRA\\_Poster.pdf](http://www.dol.gov/vets/programs/userra/USERRA_Poster.pdf) United States

Department of Labor: <http://www.dol.gov/vets/>

## 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

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

### 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.

---

<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.