Zuni Insulation, LLC

Employment Application



WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to sex, race, color, creed, gender, gender identity, religion, marital status, age, spousal affiliation, national origin or ancestry, physical or mental disability, pregnancy, sexual orientation, veteran status, and serious medical condition including genetic characteristics, or any other consideration made unlawful by federal, state, or local laws.

APPLICANT INFORMATION									
Last Name			First				M.I.	Date	
Street Address						Apartment/Unit #			
City			State				ZIP		
Phone		Alternat No	Alternate Phone No						
Date Available	Desired Sa		Salary	Position for:		Position A for:	Applied		
Availability Check All That Apply	Full Time Part Time Days Nights Weekends After School All Schedules Holidays Overtime Summer								
	Are you legally authorized to work in the United States?			Proof of citizenship or immigrat			ion status r	equired up	on employment
Have you ever worked for or previously applied with this Company?		YES 🗌	NO 🗌	If so, when?					
Do any of your friends or relatives work or have worked for this Company?		YES 🗌	NO 🗌	If so, name relation:	&				
Are you willing to voluntarily submit to a drug / alcohol test?		YES 🗌	NO 🗌						
Have you ever been convicted of a misdemeanor or a felony?		YES 🗌	NO 🗌	lf yes, expla					
A criminal reco	rd does not constitute an auto	matic bar to e	employment	and will be co	onsidere	ed only as it	relates to ti	he job in qu	lestion.
Driver's Licens	se Number (If Applicable to F	Position):			State):			
EDUCATION	J								
Elementary			Address						
Years Attended	Did you graduate?	YES 🗌 N	0						
High School			Address						
Years Attended	Did you graduate?	YES 🗌 N		egree					
College			Address						
Years Attended	Did you graduate?	YES 🗌 N		egree					
ADDITIONAL GENERAL INFORMATION									
Subjects of special study or special trainings/skills you feel may be helpful to us in considering your application:									

REFERENCES					
Please list three professional references:					
Full Name	Relat	onship			
Company	Phon				
Address					
Full Name	Relat	onship			
Company	Phon				
Address					
Full Name	Relat	onship			
Company	Phon				
Address					

PREVIOUS EMP	LOYMENT						
Company				Phone			
Address				Supervisor			
Job Title			Starting Salary	\$ Ending Salary		\$	
Responsibilities							
From	То	Reason for Leaving	9				
May we contact your previous supervisor for a reference? YES				NO 🗌			
Company				Phone			
Address				Supervisor			
Job Title			Starting Salary	\$ Ending Salary \$		\$	
Responsibilities							
From	То	Reason for Leaving					
May we contact your previous supervisor for a reference? YES				ΝΟ			
Company				Phone			
Address			Supervisor				
Job Title			Starting Salary	\$ Ending Salary \$		\$	
Responsibilities			·		·		
From	То	Reason for Leaving	9				
May we contact your previous supervisor for a reference? YES NO							

DISCLAIMER AND SIGNATURE

I certify that the information given by me herein is true, accurate, and complete to the best of my knowledge.

I understand that, as part of Zuni Insulation, LLC's employment procedure, a routine inquiry may be made which will provide applicable information concerning my employment history, performance and character.

I understand that Zuni Insulation, LLC may obtain a search of criminal records and verification of my education and employment history, in connection with this application or during my employment if hired. I have authorized or will be authorizing the obtaining of such reports obtained directly by Zuni Insulation, LLC with the use of a third-party crime search database. I hereby authorize all persons or businesses contacted by or on behalf of Zuni Insulation, LLC about me to disclose to Zuni Insulation, LLC any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. I also authorize the persons named as personal references to provide Zuni Insulation, LLC with any pertinent information they may have regarding me. I further understand that my employment with Zuni Insulation, LLC is subject to satisfactory completion of this investigation. In addition, I hereby fully release Zuni Insulation, LLC, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigations or disclosures.

I understand any false answers or statements or implications made by me in the application, in any interview, or other documents shall be considered sufficient cause for denial of employment or termination of employment if I should be employed by Zuni Insulation, LLC. I further understand that my employment with Zuni Insulation, LLC is subject to the satisfactory completion of this investigation.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview or in the conduct of such investigation is intended to create an employment contract between Zuni Insulation, LLC and myself for either employment or for the providing of any benefit. No promises or representation regarding employment have been made to me and I understand no such promise, representation or guarantee, whenever made, whether written or oral, is binding upon Zuni Insulation, LLC unless made in writing by the Adriana Escajeda-Zuniga. If any employment relationship is established, I understand that employment with Zuni Insulation, LLC. is "at will" and if hired, I acknowledge that I have the right to terminate employment, with or without advance notice, for any reason at all, at any time and that Zuni Insulation, LLC retains the same right.

If employed, I agree to sign any and all documents, forms & agreements customarily requested by Zuni Insulation, LLC of all new hires. In addition, if employed, I agree to sign Zuni Insulation, LLC's Non-Solicitation, Non-Disclosure and Non-Compete Agreement, in which I agree to protect and not divulge any confidential information I have gained through employment with Zuni Insulation, LLC.

If offered employment with Zuni Insulation, LLC, I understand that my employment is contingent upon the presentation of documents establishing my identity and eligibility to work in the United States.

I also understand, that if employed, I will be required to abide by all rules and regulations of Zuni Insulation, LLC and to complete satisfactorily a "new employee" period of employment during which I will not be eligible for certain benefits.

Position

Applicant	
Signature	

Date

Salary/ wages

INTERVIEWED BY: REMARKS

DATE:

Hired

Approved:

Manager

For Dept.

President / Owner

Will Report To: