

Nordic Fiberglass, Inc.**Application for Employment**

Date of Application

Name

Phone (Home)

Address

Phone (Work)

City/State

EMPLOYMENT HISTORY - Please list most recent employment first

1. Employer

Type of Work

Address

Rate of Pay

Years/Months of Employment

Phone

Reason for leaving this employment

May we contact this employer? Y N

2. Employer

Type of Work

Address

Rate of Pay

Years/Months of Employment

Phone

Reason for leaving this employment

May we contact this employer? Y N

3. Employer

Type of Work

Address

Rate of Pay

Years/Months of Employment

Phone

Reason for leaving this employment

May we contact this employer? Y N**EDUCATION**

Name of School

City/State

Graduated

High School

 Y N

Vocational School

 Y N

College

 Y N**REFERENCES - Please list 3 references**

1. Name

Phone

Address

2. Name

Phone

Address

3. Name

Phone

Address

SATISFACTION OF JOB REQUIREMENTS

The position you are applying for may require: (1) lifting and pushing up to 50 pounds, (2) twisting and bending repetitiously at the waist, (3) and exposure to dust and/or fumes within acceptable OSHA regulation levels.

Can you satisfy these requirements? Y N**EMPLOYMENT ELIGIBILITY**Are you legally authorized to work in the United States? Y N**CERTIFICATION AND DISCLAIMER**

I certify that answers given herein are true and complete and that, if an investigation discloses any misrepresentation, omission, or falsification, my application will be rejected. I further understand that if I am employed by Nordic Fiberglass, any false statement on this application shall be considered sufficient cause for dismissal. I hereby authorize and consent to Nordic Fiberglass, Inc., to determine my suitability for employment, to contact any or all of my previous employers and references. I further authorize and consent to persons, schools, and employers named in this application to provide Nordic Fiberglass, Inc. with any information that may be necessary to arrive at an employment decision.

I understand that as a condition of employment, I will be required to undergo and successfully pass a screening for alcohol and/or drugs. I hereby consent to having the results of any such alcohol and drug screening I may be required to undergo disclosed to Nordic Fiberglass, Inc.

Applicant's Signature**Date****Comments**