

# Installed Building Products (IBP)

## EMPLOYMENT APPLICATION This application is considered current for sixty (60) days only.

IBP and its subsidiary companies will provide equal employment opportunities to all applicants without regard to an applicant's race, color, religion, sex, gender, genetic information, national origin, age, veteran status, disability, or any other status protected by federal or state law. IBP will provide reasonable accommodations to allow an applicant to participate in the hiring process (e.g., accommodations for a test or job interview) if so requested. When completing this application, you may exclude information that would disclose or otherwise reference your race, religion, age, sex, genetic, veteran status, disability or any other status protected by federal or state law. This application is considered current for sixty (60) days only. At the end of this period, if you are still interested in employment, it will be necessary for you to reapply by completing a new application.

### **THIS APPLICATION DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR DOES IT GUARANTEE EMPLOYMENT WITH IBP.**

*PLEASE PRINT—USE INK—COMPLETE ALL SECTIONS—AND ATTACH A RESUME.(IF YOU HAVE ONE)*

Today's Date: Branch #: DOT Entity:

#### GENERAL INFORMATION

Last Name		First Name		Middle Name	
Home Address			City	State	Zip Code
E-Mail Address		Home Phone No.		Mobile Phone/Pager	

All offers of employment are conditioned upon your ability to provide evidence of your right to be legally employed in the U.S.

#### MILITARY SERVICE Attach DD214 if applicable

Are you currently eligible to work in the U.S., and authorized to work for this Company on an ongoing indefinite basis?  YES  NO

Branch: Length of Service:  
Rank at Discharge:

Will you now or in the future require sponsorship by this Company to attain or maintain your employment eligibility?  YES  NO

Type of Discharge:  
If other than honorable, explain:

#### JOB INFORMATION

Position Applying For:	<input type="checkbox"/> Regular <input type="checkbox"/> Temporary	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
If part-time, how many hours per week?	If part-time, please specify days available:	
Salary Desired:		
Are there hours or days you are not available to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, please list:
Can you travel, if the job requires it?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you willing to work overtime, if required? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you previously been employed by IBP or any IBP subsidiary or other related Company?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please identify the company, your dates of employment, the position held, and the reason for leaving.		
Have you previously applied for employment with IBP or any IBP subsidiary or predecessor?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any relatives or friends employed by IBP or any IBP subsidiary or predecessor?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you related to any Director or Officer of the company?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please provide name(s), relationship(s), and work location(s).		
Are you currently subject to a non-compete or employment agreement with another employer?		<input type="checkbox"/> YES <input type="checkbox"/> NO

**\*\*A Note About Various State Laws\*\***

State law applies to you as an applicant if: (a) you are applying to an IBP location within that state **OR** (b) you are currently residing within that state.

**CRIMINAL BACKGROUND INFORMATION**

If you are currently residing in or applying for jobs in MA; Philadelphia, PA; HI; OR. or Newark, NJ, the below questions should not be answered with a "yes" or "no" but instead with "I currently reside in or am applying for jobs in MA; Philadelphia, PA; HI, OR. or Newark, NJ." In responding to the questions below, you are not required to disclose the existence of any conviction which has been annulled, erased, sealed, expunged, or otherwise eradicated by state or court order. If your criminal record has been erased in accordance with state or federal law, you are deemed to have never been arrested with respect to those proceedings.

**CT applicants:** Applicants are not required to disclose any conviction that has been erased pursuant to § 46(b)-146, 54-76(o) or 54-142(a) of the CT General Statute. Any person whose criminal records have been erased shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

**GA applicants:** Applicants may exclude convictions discharged under Georgia's First Offender Programs.

**MA applicants:** Under Massachusetts law, an employer is prohibited from making written, pre-employment inquiries of an applicant about his or her criminal history. **Massachusetts applicants should not respond to any question seeking criminal record information.** After the application stage, applicants may omit from disclosing a first conviction for drunkenness, simple assault, speeding, affray, minor traffic violations, or disturbances of the peace. Applicants are also only required to disclose misdemeanor convictions occurring within five (5) years preceding the date of this application.

**NY applicants:** Applicants for job positions may exclude an adjudication as a youthful offender.

**WA applicants:** Applicants are not required to disclose felony convictions older than 10 years.

**Please mark appropriately. While a criminal conviction is not an automatic or absolute bar to employment, and while convictions will be considered based on the time and nature of the offense and as related to jobs applied for, applicants should answer the following questions unless prohibited by applicable state law.**

Have you ever been convicted of a felony?  YES  NO or  Currently reside or applying for a job in MA; Philadelphia, PA; HI, OR. or Newark, NJ.

If YES, please describe the circumstances of your conviction, including the date, nature, and place of the offense and disposition of the case.

**EMPLOYMENT HISTORY**

*Please provide a complete employment history listing all positions held for the last 10 years, starting with the most recent employer.*

*Please account for any periods of unemployment. You may include any verified work performed as a volunteer.*

**Employer #1:** Present or Most Recent Employer:

Address	City	State	Zip Code	Telephone
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Position	Supervisor's Name	Supervisor's Title
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Employed from: _____(month) _____(year)	To: _____(month) _____(year)	Base Pay/Hourly Rate: \$	Ending Hourly Rate: \$	Reason for leaving:
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May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, please explain.
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Responsibilities:
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**Employer #2:**

Address	City	State	Zip Code	Telephone
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Position	Supervisor's Name	Supervisor's Title
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Employed from: _____(month) _____(year)	To: _____(month) _____(year)	Base Pay/Hourly Rate: \$	Ending Hourly Rate: \$	Reason for leaving:
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May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, please explain.
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Responsibilities:
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<b>Employer #3:</b>				
Address	City	State	Zip Code	Telephone
Position		Supervisor's Name		Supervisor's Title
Employed from: _____(month) _____(year)	To: _____(month) _____(year)	Base Pay/Hourly Rate: \$	Ending Hourly Rate: \$	Reason for leaving:
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		If NO, please explain.		
Responsibilities:				
Have you ever been terminated, laid off, discharged, or asked to resign from any employment? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If YES, give the employer(s) and reason(s) for each discharge/resignation.				
Please account for any periods of unemployment here:				
<b>EDUCATION</b>				
	Diploma/Degree Type: (GED, H.S., B.A., etc.)	Name of School and City/State		Major Subject/Course:
<input type="checkbox"/> High School				
<input type="checkbox"/> College				
<input type="checkbox"/> Graduate School				
<input type="checkbox"/> Other				
If currently attending school, what are the days and times of your scheduled classes?				
<b>SPECIAL SKILLS AND QUALIFICATIONS</b>				
List any academic honors, outstanding achievements, scholarships or other significant job-related awards.				
List any professional licenses or certifications earned and any foreign language proficiency.				
List software programs, PC, and word processing equipment proficiency.				
List any other appropriate skills other than clerical.				
<b>OTHER RELEVANT EXPERIENCE</b>				
Please provide any other information that you think would be helpful to us in considering you for employment such as additional work experience (paid or unpaid) gained in any job-related organizations, clubs, professional society, or other association, seminars attended, other activities and accomplishments.				
<b>HOW WERE YOU REFERRED TO IBP?</b>				
<input type="checkbox"/> Employee Name: _____	<input type="checkbox"/> State or Local Agency Name: _____	<input type="checkbox"/> Walk-In		
<input type="checkbox"/> Employment Agency Name of Company: _____	<input type="checkbox"/> Newspaper/Publication Name: _____	<input type="checkbox"/> Internet		
<input type="checkbox"/> Other: _____				

**APPLICANT PLEASE READ AND SIGN**

I certify that the answers given to the questions and the statements made (including statements on the attached resume, and inserted forms if any) on this application and in the hiring process are true. I understand that a false statement, a false answer, an omission or a misleading statement may result in a decision not to hire me, the withdrawal of any offer of employment, or the termination of my employment with IBP regardless of when such false, misleading, or erroneous information is discovered.

I understand that if hired, unless I am employed under a specific written contract or collective bargaining agreement, my employment with IBP will be "at will" and that my employment may be terminated at any time with or without cause and with or without notice. I understand that no representative of the Company has any authority to make any assurances, representations or promises contrary to the "at-will" nature of my employment unless it is in writing signed by an authorized officer of IBP. I understand that I may terminate my employment with or without cause and with or without notice at any time. I further agree that IBP reserves the right to make unilateral changes to the terms and conditions of my employment.

I authorize IBP or its agents to investigate my references and communicate with my former employers concerning my employment unless specifically stated otherwise in this application. I authorize all individuals, schools, and employers named, and all financial institutions, law enforcement agencies, and all persons except as specifically limited on this application to provide information requested about me, and I promise I will not bring any legal claims or actions against my current or former employers due to their responses to any job reference request.

I further understand that the completion of an application with IBP is a preliminary step to employment. It does not obligate IBP to offer employment to me, or for me to accept employment. I further acknowledge that if offered employment, any offer of employment may be a conditional offer of employment pending successful completion of a drug screening and/or criminal background check.

**FOR MARYLAND APPLICANTS: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**

**FOR MASSACHUSETTS APPLICANTS: IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.**

IBP COMPANY DOES NOT USE LIE DETECTOR TESTS AS PART OF THE APPLICATION PROCESS.

**FOR MONTANA APPLICANTS: THE EMPLOYMENT RELATIONSHIP IS GOVERNED BY THE WRONGFUL DISCHARGE FROM EMPLOYMENT ACT. Mont. Code Ann. § 39-2-901.**

**FOR RHODE ISLAND APPLICANTS: IF YOU PROVIDE FALSE INFORMATION ABOUT YOUR ABILITY TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB, WITH OR WITHOUT ACCOMMODATIONS, YOU MAY BE BARRED FROM FILING A CLAIM UNDER THE PROVISIONS OF THE WORKERS' COMPENSATION ACT OF THE STATE OF RHODE ISLAND.**

Date: \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_

Please complete the below information if you are applying for a position in which you will be driving a company vehicle.

**RESIDENCY**

*Please list your addresses of residency for the past 3 years (excluding your current address which you listed above).*

Address	City	State	Zip Code	Length of Stay (Yr/Mo)
Address	City	State	Zip Code	Length of Stay (Yr/Mo)
Address	City	State	Zip Code	Length of Stay (Yr/Mo)

**EMPLOYMENT HISTORY**

**All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Please list complete mailing address, street number, city, state and zip code.**  
**Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.**

***List the most recent employer first. Please List additional employers on another page.***

**Employer #1:** Present or Most Recent Employer:

Address	City	State	Zip Code	Telephone
Position		Supervisor's Name		Supervisor's Title
Employed from: _____(month) _____(year)	To: _____(month) _____(year)	Base Pay/Hourly Rate: \$	Ending Hourly Rate: \$	Reason for leaving:

Were you subject to the FMCSR\*\* while employed?  YES  NO  
 Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  YES  NO

**Employer #2:**

Address	City	State	Zip Code	Telephone
Position		Supervisor's Name		Supervisor's Title
Employed from: _____(month) _____(year)	To: _____(month) _____(year)	Base Pay/Hourly Rate: \$	Ending Hourly Rate: \$	Reason for leaving:

Were you subject to the FMCSR \*\* while employed?  YES  NO  
 Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  YES  NO

**Employer #3:**

Address	City	State	Zip Code	Telephone
Position		Supervisor's Name		Supervisor's Title
Employed from: _____(month) _____(year)	To: _____(month) _____(year)	Base Pay/Hourly Rate: \$	Ending Hourly Rate: \$	Reason for leaving:

Were you subject to the FMCSR \*\* while employed?  YES  NO  
 Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  YES  NO

**ACCIDENT RECORD**

*Please list your accident record for the past 3 years or more (attach a sheet if more space is needed). If none, please write NONE.*

Date	Nature of Accident (Head-on, Rear-end, Upset, etc)	Fatalities	Injuries	Hazardous Material Spill
Most Recent:				
Next Previous:				
Next Previous:				

**TRAFFIC CONVICTIONS**

*Please list your traffic convictions and forfeitures for the past 3 years (other than parking violations). If none, please write NONE.  
Attach additional sheets if more space is needed.*

Date	Location	Charge	Penalty

**EXPERIENCE & QUALIFICATIONS - DRIVER**

*Please list all driver licenses or permits held in the past 3 years*

Driver Licenses	State	License No.	Type	Expiration Date

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  YES  NO

B. Has any license, permit, or privilege ever been suspended or revoked?  YES  NO

If the answer to either A or B is 'YES,' please provide details here:

**DRIVING EXPERIENCE**

Class of Equipment <i>Please check YES or NO</i>	Type of Equipment <i>Please circle any applicable responses</i>	Dates <i>From (M/Y) To (M/Y)</i>		Approx. No. of Miles (Total)
Straight Truck <input type="checkbox"/> YES <input type="checkbox"/> NO	Van / Truck / Flat / Dump/ Refer			
Tractor & Semi-Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO	Van / Truck / Flat / Dump/ Refer			
Tractor – Two Trailers <input type="checkbox"/> YES <input type="checkbox"/> NO	Van / Truck / Flat / Dump/ Refer			
Tractor – Three Trailers <input type="checkbox"/> YES <input type="checkbox"/> NO	Van / Truck / Flat / Dump/ Refer			
Motorcoach – School Bus <i>(more than 8 passengers)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO				
Motorcoach - School Bus <i>(more than 15 passengers)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO				
Other _____				

List states operated in for the last 5 years:

Special courses or training that will help you as a driver:

Which safe driving awards do you hold and from whom?

**EXPERIENCE & QUALIFICATIONS - OTHER**

List any trucking, transportation, or other experience that may help in your work for IBP:

List courses or training other than shown elsewhere in this application:

List special equipment or technical materials you can work with (other than those already shown):

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

\*\* The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs. or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Date: \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_