

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 #:

GENERAL INFORMATION

Last Name	First Name	Middle Name	
Home Address	City	State	Zip Code
E-Mail Address		Preferred Phone No	

Are you at least 18 years of age or older? YES NO

All offers of employment are conditioned upon your ability to provide evidence of your right to be legally employed in the U.S.	Are you currently eligible to work in the U.S., and authorized to work for this Company on an ongoing indefinite basis? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Will you now or in the future require sponsorship by this Company to attain or maintain your employment eligibility? <input type="checkbox"/> YES <input type="checkbox"/> NO

JOB INFORMATION

Position Applying For:		<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

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:

Position Held		Supervisor's Name	Telephone No.
Employed from:	To:	Reason for leaving:	
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		If NO, please explain.	

Employer #2:

Position Held		Supervisor's Name	Telephone No.
Employed from:	To:	Reason for leaving:	
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		If NO, please explain.	

Employer #3:

Position Held		Supervisor's Name	Telephone
Employed from:	To:	Reason for leaving:	
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		If NO, please explain.	

EDUCATION

	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			

HOW WERE YOU REFERRED TO IBP?

<input type="checkbox"/> Employee Name: _____	<input type="checkbox"/> State or Local Agency Name: _____	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency Name: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Internet

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.



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Signature: _____

Date: _____