EMPLOYMENT APPLICATION

Fireproofing | Spray Foam | Air Barrier

Shield Fireproofing is an Equal Opportunity Employer.

APPLICANT INFORMATION

Full Legal Name	**Date**
Street Address	**City / State / ZIP**
Phone Number	**Email Address**
Position Applied For	**Desired Pay / Hourly Rate**
Date Available to Start	**How did you hear about us?**

☐ Are you legally authorized to work in the United States? ☐ Yes ☐ No

☐ Are you at least 18 years of age? ☐ Yes ☐ No

☐ Have you previously worked for Shield Fireproofing? ☐ Yes ☐ No If yes, when? _____

☐ Do you have reliable transportation to report to assigned job sites? ☐ Yes ☐ No

☐ Are you willing and able to travel to job sites as required? ☐ Yes ☐ No

POSITION & CONSTRUCTION EXPERIENCE

☐ Position(s) of interest: ☐ Fireproofing Applicator ☐ Spray Foam Applicator ☐ Air Barrier Installer ☐ Laborer ☐ Foreman ☐ Other: _____

☐ Years of construction experience: ☐ None ☐ <1 ☐ 1–3 ☐ 4–7 ☐ 8+

☐ Experience with: ☐ SFRM Fireproofing ☐ Intumescent Coatings ☐ Spray Foam ☐ Air Barrier ☐ Firestopping ☐ Scissor/Boom Lifts

List relevant equipment, materials, or systems you have worked with	**Current certifications / training (OSHA, lift, respirator, etc.)**

EMPLOYMENT HISTORY

Employer 1

Company Name / Supervisor	**Phone Number**
Job Title / Duties	**Dates Employed (From / To)**
Starting Pay / Ending Pay	**Reason for Leaving**

Employer 2

Company Name / Supervisor	**Phone Number**
Job Title / Duties	**Dates Employed (From / To)**
Starting Pay / Ending Pay	**Reason for Leaving**

Employer 3

Company Name / Supervisor	**Phone Number**
Job Title / Duties	**Dates Employed (From / To)**
Starting Pay / Ending Pay	**Reason for Leaving**

EDUCATION & TRAINING

High School / GED — School & City	Diploma / GED? ☐ Yes ☐ No
Trade School / College / Apprenticeship	**Degree / Certificate / Area of Study**

SAFETY & JOBSITE QUALIFICATIONS

☐ OSHA training: ☐ OSHA 10 ☐ OSHA 30 ☐ None Expiration / Date: _____

☐ Aerial lift training: ☐ Scissor Lift ☐ Boom Lift ☐ None

☐ Respiratory protection / fit testing experience: ☐ Yes ☐ No

☐ Fall protection training: ☐ Yes ☐ No

☐ Other safety certifications: _____

Describe your experience working safely around lifts, scaffolds, heights, and active construction sites	Describe any specialized skills that would benefit Shield Fireproofing

PROFESSIONAL REFERENCES

Name	Company / Relationship	Phone / Email	Years Known

AVAILABILITY

☐ Employment desired: ☐ Full-Time ☐ Part-Time ☐ Temporary / Seasonal

☐ Available for overtime? ☐ Yes ☐ No Available weekends? ☐ Yes ☐ No

☐ Available for out-of-town work / overnight travel? ☐ Yes ☐ No

Days / hours unavailable	Earliest start date

APPLICANT STATEMENT & AUTHORIZATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false, misleading, or omitted information may disqualify me from employment or result in termination if employed. I authorize Shield Fireproofing to verify information contained in this application and to contact former employers, schools, and references as permitted by law. I understand that this application is not a contract of employment and that, if hired, employment will be subject to applicable company policies and law.

Applicant Signature	Date

Printed Name	

FOR COMPANY USE ONLY

Interviewed By	Interview Date
Position Considered	**Proposed Start Date**
Starting Rate	**Supervisor / Foreman**

☐ Hiring decision: ☐ Hire ☐ Do Not Hire ☐ Hold / Follow Up

☐ Pre-employment requirements completed as applicable: ☐ I-9 ☐ W-4 ☐ Safety Orientation ☐ Other: _____

NEW HIRE ONBOARDING INFORMATION

Complete after an offer of employment, as applicable.

CONFIDENTIAL: This page contains sensitive personal and banking information. Submit through a secure company-approved method. Do not send completed forms by ordinary email unless instructed by the company.

PERSONAL & TAX IDENTIFICATION

Full Legal Name	Social Security Number (SSN) XXX-XX-_____
Date of Birth (if required for benefits)	Employee ID (Company Use)
Home Address	City / State / ZIP

DIRECT DEPOSIT AUTHORIZATION

Attach a voided check or official bank document if required. Verify routing and account numbers carefully.

Bank / Financial Institution Name	Account Holder Name
Routing Number	Account Number
Account Type ☐ Checking ☐ Savings	Deposit Election ☐ 100% Net Pay ☐ Fixed Amount: $_____
Secondary Account (optional) - Bank / Routing	Secondary Account Number / Amount
Employee Signature - I authorize Shield Fireproofing to deposit payroll funds into the account(s) listed above.	Date

EMPLOYMENT ELIGIBILITY - TWO FORMS OF ID

Provide documents acceptable for Form I-9 verification. Do not specify or require a particular document when multiple legally acceptable options are available.

Document / ID	Type / Issuing Authority	Attached / Uploaded
ID 1		☐ Yes ☐ Pending
ID 2		☐ Yes ☐ Pending
I-9 Verification	Completed by: _____	Date: _____

HEALTH INSURANCE / BENEFITS DOCUMENTS

Medical Coverage ☐ Enroll ☐ Waive ☐ Not Eligible / N/A	Coverage Level ☐ Employee ☐ Employee + Spouse ☐ Employee + Child(ren) ☐ Family
Dependent / Beneficiary Documentation ☐ Attached / Uploaded ☐ Pending ☐ N/A	Required Enrollment Forms ☐ Completed ☐ Pending ☐ N/A
Supporting Documents Provided ☐ Marriage Certificate ☐ Birth Certificate(s) ☐ Other: _____	Benefits Effective Date (Company Use)
Employee Signature / Acknowledgment	Date

RETIREMENT PLAN ENROLLMENT

Retirement Election ☐ Enroll ☐ Decline at this time ☐ Not Yet Eligible	Employee Contribution _____ % of eligible pay OR $_____ per pay period
Contribution Type (if offered) ☐ Pre-Tax ☐ Roth ☐ Combination	Beneficiary Designation ☐ Completed ☐ Pending
Retirement Plan Documents ☐ Enrollment Form ☐ Beneficiary Form ☐ Plan Notice / Summary Received	Eligibility / Effective Date (Company Use)
Employee Signature / Acknowledgment	Date

ONBOARDING DOCUMENT CHECKLIST - COMPANY USE

Direct Deposit Form / Banking Verification	☐ Received ☐ Pending ☐ N/A
Social Security / Tax Identification Information	☐ Received ☐ Pending ☐ N/A
Two Forms of ID / I-9 Documentation	☐ Received ☐ Pending ☐ N/A
Health Insurance Enrollment or Waiver	☐ Received ☐ Pending ☐ N/A
Dependent Eligibility Documents (if applicable)	☐ Received ☐ Pending ☐ N/A
Retirement Enrollment / Declination	☐ Received ☐ Pending ☐ N/A
Emergency Contact / Other Required New-Hire Forms	☐ Received ☐ Pending ☐ N/A

FEDERAL / STATE TAX WITHHOLDING

Federal Form W-4	☐ Completed ☐ Pending Date: _____
State Withholding Form	☐ Completed ☐ Pending State: _____
Local / Municipal Tax Form (if applicable)	☐ Completed ☐ Pending ☐ N/A
Filing Status / Elections	Complete on the official federal, state, and local tax forms provided by the company.
Additional Withholding (if elected)	$_____ per pay period
Employee Signature / Acknowledgment	_____ Date: _____

Tax withholding elections should be completed on the current official tax forms. Shield Fireproofing will use the completed forms for payroll withholding as required by law.

DEPENDENT INFORMATION - BENEFITS / TAX RECORDS

Dependent Full Legal Name	Relationship	Date of Birth	SSN / Tax ID (if required)	Benefits Coverage
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Dependent documents, when required for benefit enrollment, may include birth certificates, marriage certificates, or other plan-approved eligibility documentation. Submit sensitive records only through a secure company-approved method.

ADDITIONAL ONBOARDING CHECKLIST - COMPANY USE

Federal Form W-4	☐ Received ☐ Pending
State Withholding Form	☐ Received ☐ Pending ☐ N/A
Local / Municipal Tax Form	☐ Received ☐ Pending ☐ N/A
Dependent Information / Eligibility Documents	☐ Received ☐ Pending ☐ N/A

SHIELD FIREPROOFING | Fireproofing | Spray Foam | Air Barrier