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