



Pre-Employment Application

This application is current for **6 months**. It will be necessary to complete a new application for further consideration after 6 months from the date of this application. **NOTE:** Failure to complete the application in its entirety, not disclosing all convictions or providing false information will result in non-consideration of employment or termination.

Date: _____ Position Applying For: _____
Desired Pay Rate: _____

PERSONAL INFORMATION

Full Legal Name (First) (Middle) (Last) (Suffix)

(Physical Home Address) (City) (State) (Zip)

Note: You must be reachable at the numbers provided or your application will not be considered for employment.

(_____) _____ (_____) _____
(Cell Phone) (Home/ Alternate Phone)

GENERAL INFORMATION

1. Are you employed now? **Yes**__ or **No**__ Availability date: _____
2. Have you ever been employed with this Company before? **Yes**__ or **No**__ If yes, when? _____
3. How many hours can you work weekly? _____ Check days available: **S** **M** **T** **W** **Th** **F** **S**
4. Can you work nights & weekends? **Yes**__ or **No**__
5. Do you have a **valid** driver's license? **Yes**__ or **No**__
If no valid license, do you have a valid State I.D? **Yes**__ or **No**__
6. Some of our jobsites are not accessible to public transportation. What **method of transportation** will you use to get to and from work and/or various jobsites? _____
7. If hired, can you provide proof of your legal right to work in the United States? **Yes**__ or **No**__
8. Are you at least over 18 years of age? **Yes**__ or **No**__
9. Are you willing to travel? **Yes**__ or **No**__
10. Are you willing to take a physical exam? **Yes**__ or **No**__
11. Are you willing to take a Pre-Employment Drug Test? **Yes**__ or **No**__
12. Have you ever served in the U.S. Military? **Yes**__ or **No**__ Branch? _____
13. Are you a Protected Veteran? **Yes**__ or **No**__
14. Are you willing to release Criminal Records? **Yes**__ or **No**__



Note: Criminal Convictions are not an absolute bar to employment; they will only be considered in relation to job requirements. Contingent upon hire, you must be able to pass a background check due to the requirements of our Federal Contracts and Company Policy. If hired, you must update Human Resources with any changes in criminal status for the remainder of your employment. List **ALL** convictions below, to include driving infractions, etc. Not disclosing all convictions or providing false information will result in non-consideration of employment or termination immediately. **Applicant Initials** _____

16. Have you ever been **convicted** of a Misdemeanor? **Yes or No** If yes explain: (*type of conviction to include Month/Year of conviction, Location & Adjudication*)

17. Have you ever been **convicted** of a Felony? **Yes or No** If yes explain: (*type of conviction to include Month/Year of conviction, Location and & Adjudication*)

EDUCATION – Must complete all fields.

Check highest grade completed: 6__7__8__9__10__11__12+__

High School: _____ City & State: _____

From: _____ to _____ H.S. Diploma: **Yes or No**
(MM/YYYY) (MM/YYYY)

GED School: _____ City & State: _____

From: _____ to _____ GED Completed: **Yes or No**
(MM/YYYY) (MM/YYYY)

College: _____ City & State: _____

From: _____ to _____ Major/ Degree: _____
(MM/YYYY) (MM/YYYY)



International Flooring & Protective Coatings, Inc.
4675 E. Princess Anne Rd.
Norfolk, VA 23502-1661
PHONE (757) 855-5286
FAX (757) 853-5980

EMPLOYMENT HISTORY

Provide present and past employment beginning with your most recent. **We require the last 7 years of employment history.** This section must be filled out **completely** for consideration.

1) Company Name: _____ From: _____ to _____
(MM/DD/YYYY) (MM/DD/YYYY)

Street Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Supervisor Name/Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Reason for Leaving: _____

May we contact this employer? _____

2) Company Name: _____ From: _____ to _____
(MM/DD/YYYY) (MM/DD/YYYY)

Street Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Supervisor Name/Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Reason for Leaving: _____

May we contact this employer? _____

3) Company Name: _____ From: _____ to _____
(MM/DD/YYYY) (MM/DD/YYYY)

Street Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Supervisor Name/Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Reason for Leaving: _____

May we contact this employer? _____



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Cont. Employment History

4) Company Name: _____ From: _____ to _____
(MM/DD/YYYY) (MM/DD/YYYY)

Street Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Supervisor Name/Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Reason for Leaving: _____

May we contact this employer? _____

5) Company Name: _____ From: _____ to _____
(MM/DD/YYYY) (MM/DD/YYYY)

Street Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Supervisor Name/Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Reason for Leaving: _____

May we contact this employer? _____

6) Company Name: _____ From: _____ to _____
(MM/DD/YYYY) (MM/DD/YYYY)

Street Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Supervisor Name/Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Reason for Leaving: _____

May we contact this employer? _____



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PERSONAL REFERENCES

Please list 3 personal references that are **non-family** members.

1. Name - _____
Phone# - _____
Email - _____

2. Name - _____
Phone# - _____
Email - _____

3. Name - _____
Phone# - _____
Email - _____



TECHNICAL EXPERIENCE WORKSHEET

Qualification Requirements for Key Positions:

1. Q.A. must have a minimum of 2 years' experience and a current NBPI or NACE certification.
2. Spray painters require 2 years' experience and current C-12 certification.
3. Abrasive blasters require 2 years' experience and current C-7 certification.
4. UHP waterjetters requires 2 years' experience and current C-13 certification.

List YEARS of experience where applicable.

1. NON-SKID OPERATIONS:

_____ VACUUM BLAST MACHINE OPERATOR
YEARS EXPERIENCE _____ ARE YOU CERTIFIED? _____

_____ UHP OPERATOR
YEARS EXPERIENCE _____ ARE YOU CERTIFIED? _____

_____ PULL/ROLL NON-SKID

_____ AIRLESS SPRAY RIG OPERATOR
YEARS EXPERIENCE _____ ARE YOU CERTIFIED? _____
TYPE _____
TYPE SPRAY GUN _____ SIZE TIPS _____

_____ DESCO OPERATOR

_____ POWERED (PNEUMATIC/ELECTRICAL) HAND TOOLS

_____ VISUAL LANDING AIDS (VLA) MARKINGS

2. TERRAZZO DECK COATINGS:

_____ LATEX UNDERLAYMENTS _____ EPOXY UNDERLAYMENTS

_____ TROWEL MECHANIC (YEARS EXPERIENCE) _____

_____ POWERED (PNEUMATIC/ELECTRICAL) HAND TOOLS

3. PRC DECK COATINGS:

_____ INSTALLER (TROWEL MECHANIC) YEARS EXPERIENCE _____

4. COLORFLAKE SYSTEM:

_____ INSTALLER YEARS EXPERIENCE _____



5. VINYL COMPENSATION TILE (VCT):

_____ INSTALLER YEARS EXPERIENCE

6. ELECTRICAL GRADE MATTING:

_____ INSTALLER YEARS EXPERIENCE

7. CARPETING:

_____ INSTALLER YEARS EXPERIENCE

8. CERAMIC TILE:

_____ INSTALLER YEARS EXPERIENCE

9. GRANITE – FABRICATION/INSTALLATION

_____ YEARS EXPERIENCE

10. HARDWOOD FLOORS

_____ INSTALLER YEARS EXPERIENCE

11. DO YOU HAVE YOUR OWN TOOLS?

_____ YES _____ NO

12. LIST OTHER EXPERIENCE AND CERTIFICATIONS NOT LISTED WITHIN APPLICATION:



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DISCLOSURE

In exchange for the consideration of my job application by International Flooring & Protective Coatings (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the company. Both the undersigned and the Company may end the employee relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include a reduction in benefits at any time in its sole discretion.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact. All documents submitted as a part of my application package become the property of the Company and will not be returned.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment relation with the Company is terminable at will for any reason by either party.

This Company is an Equal Opportunity Employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, marital or veteran status, citizenship, age, disability, medical condition or handicap, or other status protected by law. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Name of Applicant: _____

Signature of Applicant: _____

Date: _____

Thank you for completing this application and for your interest in our business.
EOE/M/F/Vet/Disability



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VOLUNTARY APPLICANT AFFIRMATIVE ACTION INFORMATION SHEET

As an Equal Opportunity Employer, we do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, genetic information, veteran status, or any other classification protected by federal, state, or local law. As a federal contractor, we comply with government regulations and affirmative action responsibilities where applicable.

Completion of this data is **voluntary** and will not affect your opportunity for employment. This information is solely to help us comply with government record keeping, reporting, and other legal requirements and will be kept in a confidential file separate from the Application for Employment. Thank you for your cooperation.

(PLEASE PRINT)

Position(s) applied for: _____ Date: _____

Name: _____ Phone: (____) _____

Address: _____
 (Street) (City) (State) (Zip Code)

Referral Source:

___ Advertisement ___ Friend ___ Relative ___ Walk-in ___ Other _____
 (Please list)

Sex: (Check one) ___ Male ___ Female

Race/Ethnicity:

(Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

___ **Hispanic or Latino**- A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.

___ **White (Not Hispanic or Latino)**- A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

___ **Black or African American (Not Hispanic or Latino)**- A person having origins in any of the black racial groups of Africa.

___ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**- A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

___ **Asian (Not Hispanic or Latino)**- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

___ **American Indian or Alaska Native (Not Hispanic or Latino)**- A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

___ **Two or More Races (Not Hispanic or Latino)**- All persons who identify with more than one of the above five races.



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Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.



Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness Autism Bipolar disorder Post-traumatic stress disorder (PTSD)
- Deafness Cerebral palsy Major depression Obsessive compulsive disorder
- Cancer HIV/AIDS Multiple sclerosis (MS) Impairments requiring the use of a wheelchair
- Diabetes
- Epilepsy Schizophrenia
- Muscular dystrophy Missing limbs or partially missing limbs Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Reasonable Accommodation Notice

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 2 of 2

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.