

**Titan Restoration Company**  
**6583 Merchant Place, Suite 200**  
**Warrenton, Virginia 20187**  
**(540) 349-1512 – fax**  
**info@titanrestoration.com**  
**APPLICATION FOR EMPLOYMENT**

---

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Address/Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cellular: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Email: \_\_\_\_\_

I am a U.S. Citizen or otherwise authorized to work in the United State on an unrestricted basis:  Yes  No  
If not a U.S. citizen, please list your Visa type, Visa # and the expiration date: \_\_\_\_\_

Do you have a driver's license?  Yes  No If yes, License # \_\_\_\_\_ State \_\_\_\_\_  
Do you have your own, reliable transportation?  Yes  No  
Have you ever been convicted of a felony?  Yes  No If yes, please explain: \_\_\_\_\_

Are you a U.S. Veteran?  Yes  No If yes, are you:  Active  Reserve  
Are you disabled?  Yes  No If yes, please explain: \_\_\_\_\_

Have you been under medical surveillance in the last year (Silicosis/Respirator Clearance)?  Yes  No  
Do you have your Medical Clearance Certificate?  Yes  No

**\*\*Failure to obtain a medical clearance certificate to wear PPE will result in ineligibility to work at Titan.\*\***

*If you have a resume please attach to the application.*

**Employment History for the past 5 years**

<b>Most recent Employer:</b>	
Name of Employer: _____	City/State: _____
Position(s) held while employed: _____	
Starting Salary: _____ Ending Salary: _____	
Immediate Supervisor: _____	Phone #: _____
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Prior Employer if less than 5 years**

Name of Employer: \_\_\_\_\_ City/State: \_\_\_\_\_

Position(s) held while employed: \_\_\_\_\_

Starting Salary: \_\_\_\_\_

Ending Salary: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Phone #: \_\_\_\_\_

May we contact?  Yes  No

**Prior Employer if less than 5 years**

Name of Employer: \_\_\_\_\_ City/State: \_\_\_\_\_

Position(s) held while employed: \_\_\_\_\_

Starting Salary: \_\_\_\_\_

Ending Salary: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Phone #: \_\_\_\_\_

May we contact?  Yes  No

**Position Information:**

Position Applying For: \_\_\_\_\_

Do you have any health problems that would prevent you from doing this job?  Yes  No

If yes please explain: \_\_\_\_\_

When would you be able to start? \_\_\_\_\_

Desired salary: \_\_\_\_\_ per \_\_\_\_\_

**Skills**

Please describe your job skills: \_\_\_\_\_

Languages Spoken (other than English): \_\_\_\_\_

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize this company to investigate any aspect of my prior educational and employment history.

Furthermore I understand that if I am hired, employment with this company is "at will," which means that either the company or I can terminate my employment for any reason not prohibited by state or federal law.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

It is the policy of this company to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status.