



EMPLOYMENT APPLICATION

Please fill out application completely.
Please print legibly.

Date: / /

APPLICANT DATA:

Full name: _____ Date of Birth (Month/date/year) _____

Address: _____ City/State/Zip _____

Telephone: _____ Cell/Other Phone: _____

Date available to start: _____ Social Security #: _____

Position you are applying for: _____ Salary required: _____

Have you ever worked for this company? Yes No If yes, when? _____

Are you a citizen of the United States Yes No If not, are you legally allowed to work in the U.S.? Yes No

Type of employment desired: Full time Part time Temporary Seasonal

Have you ever pled "guilty," "no contest," or been convicted of a crime? Yes No

If yes, please give dates and details: _____

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Driver's License#: _____ State: _____ Type of Vehicle: _____

Who referred you to us? _____

EDUCATION:

High School: _____ City/State: _____

of years completed: _____ Did you graduate? Yes No

College/University/Trade School: _____ City/State: _____

of years completed: _____ Did you graduate? Yes No Degree: _____

PERSONAL REFERENCES:

Please provide the names, addresses and telephone numbers of two people who are not related to you and that you have never worked for in the past. References should be individuals we can call, and who know how to contact you.

Name: _____ Telephone: _____

Address: _____ City/State/Zip: _____

Name: _____ Telephone: _____

Address: _____ City/State/Zip: _____

	Level of experience			
	none	average	pro	# Years Experience
Painting (Brush and Roll)				
Painting Airless Exterior				
Airless Wood Finishing				
Faux Finishes				
Staining Wood				
Glazing Wood				
Glazing Windows				
Drywall Install				
Drywall Patching				
Drywall Finishing				
Drywall Texture				
Matching Texture				
Handling Tall Ladders				
Carpentry				
Wall Paper				
Back Filling				

Please list any additional skills or qualifications: _____

PREVIOUS EMPLOYMENT (begin with most recent position):

Dates of Employment: From ___/___/___ To ___/___/___ Position held: _____

Business Name: _____

Address: _____ City/State: _____

Telephone: _____ Supervisor's Name: _____ Title: _____

Job Responsibilities: _____

Starting salary and title: _____

Ending salary and title: _____

Reason for leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment From ___/___/___ To ___/___/___ Position held: _____

Business Name: _____

Address: _____ City/State: _____

Telephone: _____ Supervisor's Name: _____ Title: _____

Job Responsibilities: _____

Starting salary and title: _____

Ending salary and title: _____

Reason for leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position held: _____

Business Name: _____

Address: _____ City/State: _____

Telephone: _____ Supervisor's Name: _____ Title: _____

Job Responsibilities _____

Starting salary and title: _____

Ending salary and title: _____

Reason for leaving: _____

May we contact this employer for a reference? Yes No

TO BE READ AND SIGNED BY APPLICANT

DRUG AND ALCOHOL ABUSE

I UNDERSTAND THAT FOR SAFETY REASONS, RAY THE PAINTER MAINTAINS A DRUG-FREE POLICY REGARDING THE POSSESSION AND/OR USE OF MARIJUANA, HEROIN, COCAINE, OR ANY SUCH CONTROLLED SUBSTANCE BOTH DURING AND AWAY FROM WORK AND THAT I MAY BE REQUIRED TO SUBMIT TO A PRE-EMPLOYMENT PHYSICAL THAT MAY INCLUDE BLOOD AND URINALYSIS TESTS FOR DRUG OR ALCOHOL ABUSE. I ALSO UNDERSTAND THAT I MAY BE REQUIRED TO SUBMIT TO ADDITIONAL ALCOHOL AND DRUG ABUSE TESTS DURING THE TERM OF MY EMPLOYMENT AT THE DISCRETION OF THE COMPANY AND THAT, IF I REFUSE TO SUBMIT TO SUCH TESTS, OR IF SUCH TESTS REVEAL THAT I HAVE USED CONTROLLED SUBSTANCES AT ANY TIME, I WILL BE SUBJECT TO IMMEDIATE DISMISSAL. I FURTHER UNDERSTAND THAT IF THE COMPANY SUSPECTS THAT I MAY BE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS WHILE ON WORKING TIME, I WILL BE SUBJECT TO DISMISSAL. I ALSO GIVE PERMISSION TO RAY THE PAINTER TO CONTACT ANY PAST EMPLOYERS AND TO REQUEST A COPY OF ANY OR ALL ALCOHOL OR SUBSTANCE ABUSE TESTS DONE WHILE IN THEIR EMPLOY. I HEREBY RELEASE RAY THE PAINTER AND ANY PAST EMPLOYER FROM LIABILITY FOR ANY DAMAGES ON ACCOUNT OF FURNISHING SUCH INFORMATION.

Applicant's Signature: _____

Date: _____

I CERTIFY THAT THE RESPONSES GIVEN BY ME ON THIS APPLICATION AND INTERVIEW(S) ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT ANY FALSIFICATION OR MISREPRESENTATION IS GROUNDS FOR REJECTION OR DISMISSAL. I FURTHER UNDERSTAND THAT THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT, AND THAT IF HIRED BY RAY THE PAINTER, MY

EMPLOYMENT CAN BE TERMINATED FOR ANY REASON, AT ANY TIME, AT THE OPTION OF EITHER THE COMPANY OR MYSELF. I ALSO UNDERSTAND THAT THE FIRST 90 DAYS OF MY EMPLOYMENT IS CONSIDERED A PROBATIONARY PERIOD. IF, FOR ANY REASON, MY POSITION IS TERMINATED DURING THE FIRST 90 DAYS, MY EMPLOYER WILL NOT BE CHARGED FOR UNEMPLOYMENT.

IT IS AGREED AND UNDERSTOOD THAT THE EMPLOYER OR HIS AGENTS MAY INVESTIGATE THE APPLICANT'S BACKGROUND TO ASCERTAIN ANY AND ALL INFORMATION OF CONCERN TO APPLICANT'S RECORD, WHETHER SAME IS OF RECORD OR NOT, AND APPLICANT RELEASES EMPLOYERS AND PERSONS NAMED HEREIN FROM ALL LIABILITY FOR ANY DAMAGES ON ACCOUNT OF HIS FURNISHING SUCH INFORMATION.

IT IS ALSO AGREED AND UNDERSTOOD THAT UNDER THE FAIR CREDIT REPORT ACT, PUBLIC LAW 91-500, I HAVE BEEN TOLD THAT THIS INVESTIGATION MAY INCLUDE AN INVESTIGATING CONSUMER REPORT, INCLUDING INFORMATION REGARDING MY BACKGROUND.

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BET OF MY KNOWLEDGE.

Applicant's Signature: _____

Date: _____