

# Paintmaster Application For Employment

Name \_\_\_\_\_ Date: \_\_\_\_\_  
LAST
FIRST
MIDDLE

Address \_\_\_\_\_  
STREET & NO.
CITY
STATE
ZIP

Mailing address if different from above \_\_\_\_\_

Telephone No. \_\_\_\_\_ Are you 18 years of age or older? Yes  No   
AREA CODE
NUMBER

Do you have verification of your legal right to work in the U.S.? Yes  No  Birthday (Month/Day...NOT Year): \_\_\_\_/\_\_\_\_

Job position \_\_\_\_\_ Date you \_\_\_\_\_ Salary \_\_\_\_\_  
 applying for: \_\_\_\_\_ can start: \_\_\_\_\_ desired: \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so may we inquire of your present employer? \_\_\_\_\_

How did you learn about this opening? \_\_\_\_\_

Have you ever worked here before? Yes  No  If yes, when? \_\_\_\_\_

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes  No

If no, describe the essential functions that cannot be performed. \_\_\_\_\_

Are there any hours, shifts or days you cannot or will not work? \_\_\_\_\_

EDUCATION	NAME & LOCATION OF SCHOOL	SUBJECTS STUDIED	YEAR GRADUATED	DIPLOMA/ DEGREE
High School				
Vo-Tech				
College/Univ.				
Other Training/Education				

Special Skills: (e.g. computer exp, paint mixing, etc.) \_\_\_\_\_

Which languages do you read, speak or write fluently? \_\_\_\_\_

In addition to your work history (reverse side), what other experiences, skills or qualifications would especially fit you for work with our company? \_\_\_\_\_

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

FOR OFFICE USE ONLY

Hired: Yes  No  Position: \_\_\_\_\_ Dept: \_\_\_\_\_

Wage or salary: \$ \_\_\_\_\_ Date Reporting to Work: \_\_\_\_\_

LAST

FIRST

M.I.

**WORK HISTORY**

Most Recent Employer	Address	Telephone
Date Started:	Starting Salary: \$ Per	Starting Position
Date Left:	Salary on Leaving: \$ Per	Position on Leaving
Name and Title of Supervisor	Reason for Leaving	
Description of Duties		

Previous Employer	Address	Telephone
Date Started:	Starting Salary: \$ Per	Starting Position
Date Left:	Salary on Leaving: \$ Per	Position on Leaving
Name and Title of Supervisor	Reason for Leaving	
Description of Duties		

Previous Employer	Address	Telephone
Date Started:	Starting Salary: \$ Per	Starting Position
Date Left:	Salary on Leaving: \$ Per	Position on Leaving
Name and Title of Supervisor	Reason for Leaving	
Description of Duties		

**REFERENCES**

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal at any time. I authorize the Company to make an investigation concerning my background or of any facts set forth in this application. I hereby release the Company, any agent appointed by the Company, and all their respective employees and employers from any liability related to or arising out of the exchange of such information.

I understand that employment at this Company is “at will,” which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and with or without cause. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Company, other than the president has any authority to alter the at-will nature of employment.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_