

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: _____