



Employment Application

Date: (Month/Day/Year) / /	How were you referred to us:
WE DRUG TEST ALL NEW HIRES	Position Applied For:
Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.	<input type="checkbox"/> Sandblaster <input type="checkbox"/> Painter <input type="checkbox"/> Other _____

Full Name: _____
First Middle Last

Address: _____ City: _____ State: _____ Zip: _____

Phone:() _____ Mobile/Pager/Other: _____

Data Available to Start: _____ Salary Requirement:\$ _____

If you are under 18 and we require a work permit, can you furnish one? Yes No

If no, please explain: _____

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 United States? Yes No

Type of employment desired: Full-Time Part-Time Temporary Seasonal

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

If yes, give dates and details: _____

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

Driver's license number if applicable to position: _____ State: _____

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

PREVIOUS EMPLOYMENT (begin with most recent position):

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____
Firm: _____ Address: _____
Phone:() _____ Supervisor: _____ Title: _____
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(s) Held: _____
Firm: _____ Address: _____
Phone:() _____ Supervisor: _____ Title: _____
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(s) Held: _____
Firm: _____ Address: _____
Phone:() _____ Supervisor: _____ Title: _____
Responsibilities: _____
Starting Salary and Title: _____ Ending Salary and Title: _____
Reason for Leaving: _____
May we contact this employer for a reference? Yes No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application.
In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ **Date:** _____