

Application For Employment

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status or any other legally protected status.

Position Applied Fo	r			Date o	of Application
How Did You Learn	About Us?				
☐ Web Site	Friend (Name				Job Connection
☐ Employment Agend	cy Relative (Name)	Other Source		
Last Name	First Name		Full Middle N	Name	
Last Hamo	T ii St Huillo		i dii iiiidalo i	· ·	
Address	Number Street	City	State		Zip Code
Telephone Number(s)			Social	Security Number
(Home)	(Cellular)	(Work)			
If you are under 18 ye	ears of age , can you provide	proof of			
your eligibility to wo				Yes	No
	n application with us before?			Yes	No
If yes, give approxim	ate date				
Are you currently employed?				Yes	No
If so, may we contact your present employer?				Yes	No
Are any of your relatives employed by us? If yes, who, Position				Yes	No
Are you prevented from lawfully becoming employed in the country because of visa or immigration status?				Yes	No
Proof of citizenship or immigration status will be required upon employment					
On what date would you be available for work?					
Are you available to work: ☐ full-time ☐ part-time ☐ shifts ☐ temporary					
Are you available to work flexible hours, including nights and weekends?				Yes	No
Are you currently on "lay-off" status and subject to recall?				Yes	No
Have you been convicted of a felony within the last 7 years? Conviction will not necessarily disqualify on applicant from employment.				Yes	No
If Yes, please explain:					

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate School				
Graduate School				
Other (specify)				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities:
Describe any job related training received in the United States Military:

Employment Experience

Start with your present or last job held. Include any job related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Date Empl	oyed	Work Performed
Address		From	То	
Telephone Number(s)		Starting Ho Rate/salar		
Job Title	Job Title Supervisor		·ly y	
Reason For Leavin	g	·		
Employer		Dated Emp	oloyed	Work Performed
Address		From	То	
Telephone Number	r(s)	Starting Ho		
Job Title	Supervisor	Final Hour Rate/salary		
Reason For Leavin	ıg			
Employer		Date Empl	oyed	Work Performed
Address		From	То	
Telephone Number	r(s)	Starting Ho Rate/ salar		
Job Title	Supervisor	Final Hour Rate/salar		
Reason For Leavin	ıg	<u> </u>		
Business related sk	ills certification or tr	aining:		
If you need addition	al space, please con	tinue on a sepa	rate sheet o	f paper.
List professional, tra	ade, business or civi	c activities and	offices held	ı.
You may exclude m other protected stat	=	ould reveal gend	der, race, reli	igion, national origin, age, ancestry, disability or

If you need additional space, please continue on a separate sheet of paper.

Additional Information

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. Are you able to perform the essential job functions with or without reasonable accommodations of the positions being sought? Yes____ No____ If reasonable accommodations are necessary please describe: Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or experience: Specialized Skills Check Skills/ Equipment Operated Please check whether you have knowledge of or are proficient in: Knowledge Proficient Knowledge Proficient Knowledge Proficient MS Word PC Use WPM **Typing** Outlook 10 Key CDL First Aid/CPR MS Access Forklift **OSHA** MS Excel Standards PowerPoint Machinery (list) State any additional information you feel may be helpful to us in considering your application:

Professional References

1. N	lame	Relationship to you	Phone #		
Α	address				
2. N	lame	Relationship to you	Phone #		
Α	address				
3. N	lame	Relationship to you	Phone #		
Α	ddress		_		
App	licant's State	ment			
I certif	y that answers given hereir	are true and complete to the best of my know	wledge.		
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.					
This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.					
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause, It is further understood that is "at will" employment relationship may not be changed by any written document or conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.					
In case of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.					
WE ARE AN EQUAL OPPORTUNITY EMPLOYER					
Refusal to submit to pre-employment drug testing or a positive test result will make an applicant ineligible for employment with us.					
The confidentiality of any information received by Phillips Painting Inc., through a substance abuse program shall be maintained, except as otherwise provided by the law.					
Sig	nature of Applicant				