

# ***Painting in Partnership Inc.***

## EMPLOYMENT APPLICATION

### **Company Promise**

The experience we promise our customers on every project is this:

Peace of Mind

Pride in the Finished Work

Delight

.....no matter who is doing the work.

Our ultimate goal on every project is to establish a life-long relationship with every customer.

Therefore our core values as a company are:

**Service - Craftsmanship - Teamwork - Commitment to Learning - Integrity**

Date \_\_\_\_\_

What type of employment are you seeking? Full-Time\_\_\_\_ Part-Time\_\_\_\_ Temporary/Summer\_\_\_\_

When are you available to start working?\_\_\_\_\_ Wage Requested \_\_\_\_\_

### **INSTRUCTIONS**

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. PLEASE PRINT, except for signature on back of application.

### **PERSONAL DATA**

Last Name

First Name

Middle Name

Present Street Address

City

State

Zip

Home Phone Number

Cell Phone Number

Social Security Number

Driver's License Number

Are you 18 years of age or older? \_\_\_\_\_ YES \_\_\_\_\_ NO

If hired can you prove that it is legal for you to work in the U.S. ? \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you had your driver's license suspended or revoked in the past three years? \_\_\_\_\_ YES \_\_\_\_\_ NO

### **An Equal Opportunity Employer**

All applicants will receive consideration for employment on the basis of their qualifications and without regard to unlawful consideration of their race, color, religion, sex, age, national origin, marital status, disability or any other legally protected basis. Reasonable accommodations are available to qualified disabled individuals upon request.

## GENERAL

Have you ever applied here before?     YES     NO

If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony?     YES     NO  
(Do not list convictions that were sealed, eradicated, erased or expunged)

If yes, explain so that individual circumstances can be considered \_\_\_\_\_

Date of conviction \_\_\_\_\_ Place of conviction \_\_\_\_\_

How did you hear of this job opening? \_\_\_\_\_

Do you know anyone who works here now, or who worked here in the past? \_\_\_\_\_

## HEALTH

**Passing a drug screening test is required prior to employment.**

Can you perform the essential functions of the job for which you are applying, as described in the job description provided with this application, with or without reasonable accommodation?     YES     NO

If no, please explain: \_\_\_\_\_

## EDUCATION

Education	School Name and Location	# of Years Completed	Did you Graduate?	Course of Study
High School				
College				
Business/Tech Trade School				

## QUESTIONNAIRE

1. In what position do you think you would be most useful to the company?
2. In what role are you happiest working?
3. What are your long-range career goals?
4. Are you able to work on Saturdays or Overtime as needed?
5. What do you consider your best skills/strengths?
6. How do you define excellent customer service?
7. If I asked 3 people to describe what you are like, what would they say about you?
8. Why are you interested in working for us?
9. Why should we hire you?
10. Do you smoke?
11. What is the year \_\_\_\_\_ and make \_\_\_\_\_ of your vehicle?
12. Are you agreeable to transporting some supplies & light equipment in your vehicle?

## WORK EXPERIENCE

Start with your present or last place of employment. You may include any verifiable work performed on a volunteer basis, internships, or military service. If self-employed, give firm name and supply business references.

**Please give months and years of employment.**

### Employer

Name	Address	Type of Business
Phone Number	Dates Employed From/To	
Job Title	Supervisor's Name	
Starting and Final Wage	Reason for Leaving	
Duties		

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### **SPECIAL SKILLS**

List special technical skills that you feel qualify you for the job for which you are applying. If you are an experienced operator of any machines or equipment, please list.


### **REFERENCES**

List the names of additional work-related references we may call (not relatives or former employers).

Name	Position	Company	Work Relationship	Phone Number

Is there any additional information relating to change of name, use of assumed name, or nickname necessary to enable us to check your work record?  YES  NO

If yes, please provide name(s) \_\_\_\_\_

Are you presently employed?  YES  NO

If yes, may we contact your present employer?  YES  NO

Have you ever been fired from a job or asked to resign?  YES  NO

If yes, please explain \_\_\_\_\_

## APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent upon possessing a valid driver's license and automobile liability insurance in amount equal to the minimum required by the state where I reside.

I understand that the company has a drug-free workplace consistent with applicable federal, state, and local law. If I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state and local law.

I certify that all the information on this application, my resume, or any supporting documents is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

In the event that the applicant agrees to accept a position with the company, the applicant and the company agree that the employment relationship between the company and the employee is an at-will relationship and that the employment relationship and compensation can be terminated, with or without cause, and with or without notice at any time, at the option of either the company or the employee.

I authorize the company or its agents to confirm all statements contained in the application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law, I agree to complete any requisite authorization forms for the background information. I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release from liability the company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by this company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States. I also understand that this company employs only individuals who are legally eligible to work in the United States.

Finally, I understand that if I am hired, upon termination of employment, all company property must be returned and any indebtedness to the company must be repaid.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

### COMPANY USE ONLY

\_\_\_\_\_  
Interviewed By

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department

\_\_\_\_\_  
Disposition

\_\_\_\_\_  
Application information checked by

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hire Date

\_\_\_\_\_  
Starting Date