

# Perfect Pro Painters Inc.

## Employment Application

Perfect Pro Painters Inc. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

### Personal Data

\_\_\_\_\_  
 First Name                      Middle                      Last

\_\_\_\_\_  
 Street Address                      City                      State                      Zip Code

\_\_\_\_\_  
 Home Phone                      Alternate Phone                      Social Security Number

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_  
    Driver license number                      Date issued

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes" please explain: \_\_\_\_\_  
 \_\_\_\_\_

Have you previously applied for employment at Perfect Pro Painters Inc.? Yes \_\_\_\_\_ No \_\_\_\_\_

Position applying for: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

How were you referred to Perfect Pro Painters Inc.? \_\_\_\_\_

### Education

High School \_\_\_\_\_ Graduated? \_\_\_\_\_

Technical School \_\_\_\_\_ Graduated? \_\_\_\_\_

College \_\_\_\_\_ Graduated? \_\_\_\_\_

### Previous Employment

List your current or most recent employment first. Include work related internships, military and volunteer work.

Current or most recent employer: \_\_\_\_\_

Address: \_\_\_\_\_

City and State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisors Name and Title: \_\_\_\_\_

Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Salary: \_\_\_\_\_ Dates of employment: From: \_\_\_\_\_ to: \_\_\_\_\_

May we contact your employer? Yes \_\_\_\_\_ No \_\_\_\_\_

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Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City and State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Your Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Salary: \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

May we contact your employer? Yes \_\_\_\_\_ No \_\_\_\_\_

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Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City and State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Your Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Salary: \_\_\_\_\_ Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

May we contact your employer? Yes \_\_\_\_\_ No \_\_\_\_\_

**Professional References – (colleagues, customers or clients)**

1. Name \_\_\_\_\_ Title \_\_\_\_\_ Company \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Title \_\_\_\_\_ Company \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Title \_\_\_\_\_ Company \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Please Read, Initial and Sign**

In connection with my application and as a condition of my continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, stat, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from Perfect Pro Painters Inc. and/or any agents working on there behalf. This authorization and consent shall be valid in original, fax, or copy form. All applications will be kept on file for ninety (90) days.

\_\_\_\_\_  
Initials

All hiring and employment at Perfect Pro Painters Inc. is at will. I understand that this application is not an employment contract, nor can it be used to create one. Employment by Perfect Pro Painters Inc. has no specific term and may be terminated by the employer or Perfect Pro Painters Inc. with or without notice. I acknowledge that Perfect Pro Painters Inc. has not made any promise or representations that differ from those contained in this paragraph.

I understand that I must provide satisfactory documentation to establish my identity and right to work in the United States if I am offered a position with Perfect Pro Painters Inc., and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to Perfect Pro Painters Inc. I agree to release and hold harmless Perfect Pro Painters Inc. from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Perfect Pro Painters Inc. may be terminated.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date