

EDUCATION

Please circle the highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

NAME	CITY/STATE	DID YOU GRADUATE?
HIGH SCHOOL		
COLLEGE		
OTHER		

SECURITY

Have you ever been employed by FiveStars Painting Co.? Yes No

If so, when and what was your job? _____

<p>Have you ever been convicted of a felony and/or served time in the past 7 years? If so, please describe below. (A conviction of a crime is not an automatic bar to employment. All circumstances will be considered, including job relatedness and recent of last conviction.)</p>

Yes No

JOB-RELATED SKILLS

If the job requires, do you have the appropriate driver license? Yes No

DL# _____ Type _____ State of Issue: _____

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job and/or company.

Have you been given a job description or had the essential functions of the job explained to you? Yes No

Do you understand these requirements? Yes No

Can you perform the essential functions of this job with or without reasonable accommodation? Yes No

EMPLOYMENT REFERENCES

Your application will not be considered unless every question in this section is answered. Since we make every effort to contact previous employers, *the correct phone numbers of past employers are critical.*

MOST RECENT EMPLOYER

Are you currently working for this employer? Yes No May we contact this employer Yes No

COMPANY NAME	CITY/STATE	PHONE NUMBER
DATE EMPLOYED FROM TO	JOB TITLE	SUPERVISOR NAME
DUTIES		
SALARY/WAGES	REASON FOR LEAVING	

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DUTIES		
SALARY/WAGES	REASON FOR LEAVING	

PERSONAL REFERENCES

Please give three personal or professional references who are not relatives.

NAME	OCCUPATION	PHONE NUMBER

PLEASE READ VERY CAREFULLY

I certify that I have read and understand the Applicant Note on page one of this application.

I certify that the answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I have not knowingly withheld any fact of circumstance that would, if disclosed, affect my application unfavorably.

I understand that any misrepresentation, omission, or false statement made in this Employment Application may result in my not being considered for employment, and if not discovered by the Company until after my being employed, is grounds for, and may result in, my immediate termination.

I authorize representative of the Company to communicate with persons listed as references, former employers and any others with whom the Company desires to check. I agree to hold such as persons harmless with respect to any information they may give about me.

In consideration of my employment, if I am employed, I agree to conform to the employment policies of the Company, and I understand that my employment and compensation can be terminated, with or without notice, at any time for any reason, at the option of either the Company or myself. I understand that no representative of the Company, other than the President/Vice President, and only in writing, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

If employed, I agree to hold in strictest confidence any information concerning the Company, its Insureds, and its Agents, which may come to my knowledge, and not to disclose to unauthorized persons, during or following employment, confidential information derived in the course of employment.

I understand that completion of this Employment Application is a preliminary step and does not mean that this Company has employed me.

I understand that the Company requires the successful completion of a drug test and background check as a condition of employment and depending upon the position may require a medical examination. By submitting this Application for Employment, I hereby consent to these conditions.

I understand that it is the Company's policy to comply with the Immigration Reform & Control Act of 1986 and, if hired I must provide proof of identification and eligibility to work in the United States.

By signing below, I am acknowledging my understanding of, agreement to, and certification of the above statements.

SIGNATURE

DATE

APPLICATION

RELEASE AUTHORIZATION

APPLICANT – PLEASE COMPLETE THE FOLLOWING

I. In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reason for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my workers' compensation injuries, driving record, court record, education, credentials and references. I hereby grant FiveStars Painting Co. and its authorized representatives at any time during my application for employment, or during the course of my employment, consent to conduct an inquiry into my background, employment history and performance. I understand that as part of this inquiry, a criminal record, driving record and personal background check may be conducted. I release from liability all persons, companies, schools and others that supply such information, and hold harmless FiveStars Painting Co. and its representatives from any and all liability related to such inquiries or use of the information obtained.

II. Medical and workers' compensation information will only be requested in compliance with Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so I will be notified and given the name and address of the agency or the source which provided the information.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.

IV. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by FiveStars Painting Co. or its agent, to furnish the information described in Section I.

V. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for a release of any of the above mentioned information or reports.

LAST NAME

FIRST NAME

MIDDLE

OTHER NAME YOU HAVE USED

STREET ADDRESS

CITY

STATE

POSTAL CODE

SOCIAL SECURITY NUMBER

DRIVER LICENSE NUMBER

STATE ISSUING LICENSE

NAME AS IT APPEARS ON LICENSE

SIGNATURE

DATE

