

# Employment Application

# TECC Painting Company

# Painters

NAME: \_\_\_\_\_ Date: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PRIOR ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

### EMPLOYMENT DESIRED

POSITION: \_\_\_\_\_ DATE YOU CAN START: \_\_\_\_/\_\_\_\_/\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

ARE YOU EMPLOYED: \_\_\_\_\_ IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE: \_\_\_\_\_ WHEN: \_\_\_\_/\_\_\_\_/\_\_\_\_

### AVAILABILITY

What category would you prefer? \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

For which schedules are you available? Weekdays \_\_\_\_\_ Weekends \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_ Overtime \_\_\_\_\_ Shift \_\_\_\_\_ Other \_\_\_\_\_

Reasonable efforts will be made to accommodate religious beliefs and practices.

### DRIVING INFORMATION

\_\_\_\_ Yes \_\_\_\_ No If the job requires, do you have the appropriate valid driver's license?  
 Name on license \_\_\_\_\_ DL# \_\_\_\_\_ Type \_\_\_\_\_ State of Issue \_\_\_\_\_

TRANSPORTATION Do you have reliable transportation? \_\_\_\_ Yes \_\_\_\_ No

### EDUCATION

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 17 18+

| NAME | CITY/STATE | GRADUATED | DEGREE |
|------|------------|-----------|--------|
|      |            |           |        |
|      |            |           |        |
|      |            |           |        |

### FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

| DATE<br>MONTH AND YEAR | NAME AND ADDRESS OF EMPLOYER | POSITION | REASON FOR LEAVING |
|------------------------|------------------------------|----------|--------------------|
| FROM                   |                              |          |                    |
| TO                     |                              |          |                    |
| FROM                   |                              |          |                    |
| TO                     |                              |          |                    |
| FROM                   |                              |          |                    |
| TO                     |                              |          |                    |
| FROM                   |                              |          |                    |
| TO                     |                              |          |                    |

**REFERENCES**

Include only individuals familiar with your work ability. Do not include relatives.

| NAME | ADDRESS/PHONE | BUSINESS | YEARS KNOWN/RELATIONSHIP |
|------|---------------|----------|--------------------------|
|      |               |          |                          |
|      |               |          |                          |
|      |               |          |                          |

**CHECK THE TYPES OF WORK YOU HAVE EXPERIENCE IN:**

|                           |                 |                             |                 |
|---------------------------|-----------------|-----------------------------|-----------------|
| EXTERIOR                  | HOW LONG? _____ | BRUSH & ROLL                | HOW LONG? _____ |
| INTERIOR PAINTING RE-DO'S | _____           | SPONGE STIPPLING            | _____           |
| GRAPHICS                  | _____           | GLAZING                     | _____           |
| NEW CONSTRUCTION          | _____           | COLOR LACQUER               | _____           |
| STAINING                  | _____           | REFINISH WOODWORK           | _____           |
| CARPENTRY                 | _____           | DRYWALL REPAIR WORK         | _____           |
| WHITE WASHING/PICKELING   | _____           | HANG 54" VINYL WALLCOVERING | _____           |
| SPRAYING LACQUER          | _____           | HANG PREPASTED WALLCOVERING | _____           |
| SPRAYING LATEX PAINT      | _____           | HANG DESIGNER WALLCOVERING  | _____           |
| SPRAYING OIL PAINT        | _____           | WALLPAPER TABLE PASTING     | _____           |

HAVE YOU EVER BEEN A FOREMAN OR IN CHARGE OF JOB PRODUCTION? \_\_\_\_\_

IF SO, WHAT TYPE OF WORK? \_\_\_\_\_

HOW MANY TOTAL YEARS OF EXPERIENCE DO YOU HAVE? \_\_\_\_\_

DO YOU HAVE A DEPENDABLE CAR? \_\_\_\_\_ WHAT TOOLS DO YOU HAVE? \_\_\_\_\_

ARE YOU WILLING TO WORK WEEKENDS? \_\_\_\_\_ EVENINGS? \_\_\_\_\_

OTHER INFORMATION IN SUPPORT OF YOUR APPLICATION: \_\_\_\_\_

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. I FURTHER UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE / /

APPLICANT SIGNATURE \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: \_\_\_\_\_ DATE: / /

REMARKS: \_\_\_\_\_

NEATNESS: \_\_\_\_\_ CHARACTER: \_\_\_\_\_

PERSONALITY: \_\_\_\_\_ ABILITY: \_\_\_\_\_

HIRED: \_\_\_\_\_ POSITION: \_\_\_\_\_ WAGES: \_\_\_\_\_

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