



Employment Application

All qualified applicants will receive consideration for employment without regard to race, sex, religion, color or national origin and in accordance with the following statutes: The Age Discrimination Employment Act of 1967 as amended, which prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age; with the Vietnam Era Veterans Readjustment Assistance Act of 1974; with Section 503 of the Rehabilitation act of 1973; and with Title 1 of the American with Disabilities Act of 1990

NAME _____ PHONE # _____ DATE _____
FIRST LAST M.I.

SOCIAL SECURITY # _____ - _____ - _____

| | | | | | |
|----------------------------------|-----|-----|--|-----|-----|
| ARE YOU 18 YEARS OF AGE OR OLDER | [Y] | [N] | ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S. | [Y] | [N] |
|----------------------------------|-----|-----|--|-----|-----|

ADDRESS _____ [_____] _____
STREET NUMBER APT # CITY STATE ZIP CODE

| | | | |
|---|-----|-----|-----------------------------|
| HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY | [Y] | [N] | HOW WERE YOU REFERRED TO US |
|---|-----|-----|-----------------------------|

BACKGROUND INFORMATION

EDUCATION

| # | EDUCATIONAL INSTITUTION AND LOCATION | DISCIPLINE/MAJOR | DEGREE OBTAINED | GPA |
|---|--------------------------------------|------------------|-----------------|-----|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

EMPLOYMENT HISTORY (LIST PRESENT OR MOST RECENT FIRST AND INCLUDE MILITARY EXPERIENCE IF APPLICABLE)

| COMPANY | PHONE NUMBER | EMPLOYMENT DATE MM/YY-MM/YY | SALARY/WAGE | REASON FOR LEAVING |
|---------------|--------------|-----------------------------|-------------|--------------------|
| SUPERVISOR | | | | |
| Position Held | | | | |
| SUPERVISOR | | | | |
| Position Held | | | | |
| SUPERVISOR | | | | |
| Position Held | | | | |

PERSONAL REFERENCES

| NAME | RELATIONSHIP | PHONE NUMBER |
|------|--------------|--------------|
| | | |
| | | |
| | | |

Relevant Experience To Position Applying For

| ADDITIONAL SKILLS | LANGUAGES PROFICIENT IN |
|-------------------|-------------------------|
| | |
| | |

Desired Salary _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? (EXCLUDE MISDEMEANOR CONVICTIONS FOR MARIJUANA-RELATED OFFENCES MORE THEN TWO YEARS OLD; CONVICTIONS THAT HAVE BEEN SEALED, EXPUNGED OR LEGALLY ERADICATED; AND MISDEMEANOR CONVICTIONS FOR WHICH PROBATION WAS SUCCESSFULLY COMPLETED OR OTHERWISE DISCHARGED AND THE CASE WAS JUDICIALLY DISMISSED.) [Y] [N]

IF "YES" BRIEFLY EXPLAIN THE NATURE OF THE CRIME(S) THE DATE AND PLACE OF CONVICTION(S)

THE COMPANY WILL NOT DENY EMPLOYMENT TO ANY APPLICANT SOLELY BECAUSE THE PERSON HAS BEEN CONVICTED OF A CRIME. EACH CASE WILL BE EVALUATED BASED ON ITS OWN FACTS AND MERITS

DO YOU HAVE A VALID DRIVERS LICENSE? [Y] [N] WHAT STATE? _____ ANY ACCIDENTS IN THE PAST SEVEN YEARS? [Y] [N]

IF YOU HAVE HAD ANY ACCIDENTS IN THE PAST SEVEN YEARS PLEASE EXPLAIN:

WHAT DAYS/HOURS ARE YOU CURRENTLY AVAILABLE TO WORK?

DO YOU SEE THIS AVAILABILITY CHANGING ANYTIME IN THE NEAR FUTURE?

APPLICANT STATEMENT: (Read the following *carefully* before signing)

I certify that the information contained in this application is correct and an accurate representation of myself. I understand and agree that the falsification or misrepresentation of the information on this application will result in refusal of employment or immediate discharge.

I understand that completing this application form does not constitute a promise or guarantee of employment with Mike's Professional Painting. I understand that if Mike's Professional Painting employs me, the fact of my employment does not constitute a promise or guarantee of continued employment fort any specific time period. No agreement for employment for any specific period of time nor any agreement contrary to any of the foregoing shall be enforceable without the express written approval of the Owner of Mike's Professional Painting. I understand that any offer of employment by Mike's Professional Painting is conditional upon my complying with the requirements of the Immigration Reform Control Act of 1986.

SIGNATURE _____ DATE _____