



## EMPLOYMENT APPLICATION

<b>PLEASE PRINT OR TYPE</b>		Today's Date: _____		
_____	MI	_____	_____	
<i>First Name</i>		<i>Last Name</i>	<i>Preferred Name/Nickname</i>	
_____	Apt #	City	State	Zip Code
<i>Street Address</i>				
_____	_____	_____		
<i>Home Phone</i>	<i>Alternate/Work Phone</i>	<i>Email Address</i>		
<i>Drivers License #:</i>	<i>Date of birth:</i>	<i>Social Security #:</i>		

<b>PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION</b>				
<b>Are you interested in:</b>		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary
<b>What schedule would you prefer?</b>		<input type="checkbox"/> Weekdays	<input type="checkbox"/> Weekends	<input type="checkbox"/> Evenings
		<input type="checkbox"/> Nights		
<b>How did you hear about the position?</b>		<input type="checkbox"/> Classified Ad	<input type="checkbox"/> Friend (Name)	<input type="checkbox"/> Radio
		<input type="checkbox"/> Internet		
<b>Desired Pay:</b>	Hourly Pay	\$ _____	Annual Pay	\$ _____
	(Minimum, if applicable)		Minimum	Desired
<b>When are you able to start work?</b>		Date: _____		
<b>In what local area do you prefer to work?</b> _____				
<b>Position desired:</b> _____				

<b>PLEASE CHECK YES OR NO TO THE FOLLOWING:</b>	
<b>Are you authorized to work in the United States?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Extreme Painting &amp; Contracting, Inc. will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.</p>	

*Extreme is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, Extreme complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. Extreme also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.*

**Are you under 18 years of age?**

Yes  No

If yes, can you furnish a work permit?

Yes  No

**Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation?**

Yes  No

Do you have a clear driving record? Yes  No

If NO, please explain:

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Have you ever been convicted on a felony?  Yes  No

If yes, Please explain:

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Do you have transportation to and from work? Yes  No

Do you have your own transportation, or do you depend on others to get to work?  
Please explain.

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Will you be able to work occasional out of town jobs and weekends? Yes  No

If No, please explain.

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**PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)**

	COMPANY NAME			YOUR POSITION and TITLE	
FROM ____ / ____ Month      Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
	TYPE OF BUSINESS		STARTING PAY \$	FINAL PAY \$	
TO ____ / ____ Month      Year	TELEPHONE NUMBER (      )		TERMINATION ___ VOLUNTARY ___ INVOLUNTARY	REASON	

	COMPANY NAME			YOUR POSITION and TITLE	
FROM ____ / ____ Month      Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
	TYPE OF BUSINESS		STARTING PAY \$	FINAL PAY \$	
TO ____ / ____ Month      Year	TELEPHONE NUMBER (      )		TERMINATION ___ VOLUNTARY ___ INVOLUNTARY	REASON	
BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION					

	COMPANY NAME			YOUR POSITION and TITLE	
FROM	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION	

____ / ____ Month / Year				
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER:
	TYPE OF BUSINESS		STARTING PAY \$	FINAL PAY \$
TO ____ / ____ Month / Year	TELEPHONE NUMBER (      )	TERMINATION ___ VOLUNTARY ___ INVOLUNTARY		REASON
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	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS		STARTING PAY \$	FINAL PAY \$
TO ____ / ____ Month / Year	TELEPHONE NUMBER (      )	TERMINATION ___ VOLUNTARY ___ INVOLUNTARY		REASON
	BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION			

**EDUCATION:**

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

**PROFESSIONAL DESIGNATIONS:**

DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED
DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED

**PROFESSIONAL LICENSES:**

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER

**REFERENCES: Please list three professional references**

NAME	RELATIONSHIP	COMPANY	PHONE/ALTERNATE PHONE

**PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION**

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

***I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.***

References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Temporary/Contract Employment: If employed as a temporary or contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

**SIGNED:**

**DATE:**

**DISCLOSURE AND ACKNOWLEDGEMENT RELEASE**  
**(As required by the 1999 FCRA Section 606a)**

I \_\_\_\_\_ hereby authorize (your company) Extreme Painting & Contracting, Inc., its designated agents and representative to conduct a comprehensive review of my background, causing a consumer report and/or an investigation consumer report to be generated for employment purposes. I understand that the scope of the consumer report/investigative consumer report may include but is not limited to the following areas:

Verification of social security number, current and previous residences, employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in any and all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

I further authorize any individual, company, firm, corporation or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written pertaining to me, to (your company) Extreme Painting & Contracting, Inc., or its agents. I further authorize the complete release of records or data pertaining to me which the individual, company, firm, corporation or public agency may have, to include information or data received from other sources.

I hereby release (your company) Extreme Painting & Contracting, Inc., the Social Security Administration, its agents, officials, representatives or assigned agencies, including officers, employees or related personnel both individually and collectively, from any and all liability, for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associated because of compliance with this authorization and request to release. You may contact me as indicated below.

I understand this authorization automatically expires 90 days from the date executed below and that I have the right to revoke the authorization at any time, provided I do so in writing.

### **“Unacceptable” Driving Record**

A driver with major violations within the last three years, including:

- Violating the open container law (driver or passenger)
- Reckless driving
- Failure to yield to emergency vehicles
- Three or more moving violations within the last three years (including at-fault accidents whether cited with a violation or not)
- An out-of-state license more than 60 days past the request to acquire an in-state license
- Vehicular homicide or other felony
- Passing a school bus
- Leaving the scene of an accident
- Driving under suspension
- Driving under the influence of alcohol or drugs
- Less than three years' driving experience

### **“Marginal” Driving Record**

A driver who has one or more serious violations in the past three years, such as:

- Excessive speeding (15 mph or more over the speed limit in any speed zone)
- Careless driving, creating an accident
- Driving with two moving violations within the past 36 months

A driver whose driving record reflects possible poor driving habits, such as:

- Several not-at-fault accidents
- Several minor traffic infractions
- License at one time suspended for minor infractions

Should an investigative consumer report be requested, I have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested, and a written summary of my rights under the Fair Credit Reporting Act.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Name of Applicant Printed \_\_\_\_\_