



Employment Application

Applicant Information

Full Name:					BirthDate:				
<i>Last</i>			<i>First</i>			<i>M.I.</i>			
Address:									
<i>Street Address</i>					<i>Apartment/Unit #</i>				
<i>City</i>					<i>State</i>		<i>ZIP Code</i>		
Phone:	()			E-mail Address:					
Date Available:			Social Security No.:				Desired Salary:	\$	
Position Applied for:									
Are you a citizen of the United States?	YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, when?				
Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?	YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain:				
Are you able to meet the attendance requirements of this position?	YES <input type="checkbox"/>		NO <input type="checkbox"/>						

Education

High School:			Address:					
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
College:				Address:				
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
Other:				Address:				
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	

References

Full Name:				Relationship:			
Phone:	()		Address:				
Full Name:				Relationship:			
Phone:	()		Address:				

Previous Employment

Company:					Phone:		()	
Address:					Supervisor:			
Job Title:			Starting Salary:		\$		Ending Salary:	\$
Responsibilities:								
From:		To:		Reason for Leaving:				
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>		

Company:					Phone:	()	
Address:					Supervisor:		
Job Title:			Starting Salary:	\$	Ending Salary:		\$
Responsibilities:							
From:		To:		Reason for Leaving:			
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company:					Phone:	()	
Address:					Supervisor:		
Job Title:			Starting Salary:	\$	Ending Salary:		\$
Responsibilities:							
From:		To:		Reason for Leaving:			
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Skills and Qualifications							
Summarize any training, skills, licenses and or certificates that may qualify you as being able to perform job-related functions							
Disclaimer and Signature							
<p><i>I certify that all information I have provided in order to apply for and secure work with Painting By Scott, Inc. is true, complete and correct..</i></p> <p><i>I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to cancel further consideration of my application or immediately discharge me from employment of Painting By Scott Inc., whenever it is discovered. I authorize Painting By Scott Inc., its representatives, employees or agents to contact and obtain information from all references provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.</i></p> <p><i>I hereby authorize Painting By Scott, Inc. and its designated representatives to conduct a comprehensive review of my background for employment purposes. I understand that the scope of the review may include, but is not limited to: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions, driving records, birth records, and any other public records.</i></p> <p><i>I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Painting By Scott, Inc. or its representatives.</i></p> <p><i>I understand that Painting By Scott, Inc. does not unlawfully discriminate in employment and no question in this application is used for the purpose of limiting or excusing any applicant from consideration for employment on the basis prohibited by local, state or federal law.</i></p> <p><i>Painting By Scott, Inc. is committed to maintaining a drug-free workforce. To help ensure a drug-free workforce Painting By Scott, Inc reserves the right to require occasional and unannounced drug screening.</i></p> <p><i>By signing this application I certify that I have read, fully understand and accept all terms of the above disclaimer.</i></p>							
Signature:						Date:	