



OFFICE OF HUMAN RESOURCES

# Application for Employment

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

**Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/ or interview process should notify a representative of the Human Resources Department.**

Position(s) applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street City State Zip Code

Best Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

If you are under 18 and it is required, can you furnish a work permit? \_\_\_\_\_ ☐ N/A ☐ Yes ☐ No

If **no**, please explain: \_\_\_\_\_

Have you ever been employed here before? If **yes**, give dates and positions: \_\_\_\_\_ ☐ Yes ☐ No

Are you legally eligible for employment in this country? \_\_\_\_\_ ☐ Yes ☐ No

Date available for work \_\_\_\_\_ What is your desired salary range? \$ \_\_\_\_\_

Type of employment desired: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal ☐ Educational Co-Op

Are you currently on "lay-off" status and subject to recall? \_\_\_\_\_ ☐ Yes ☐ No

Do you have reliable transportation to and from work? \_\_\_\_\_ ☐ Yes ☐ No

Driver's license number (driving may be required in the job for which you are applying) \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying (with or w/o reasonable accommodation)?

*This question is not designed to elicit information about any applicant's disability(s). Please do not provide any information regarding the nature of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later date in accordance with both state and federal employment laws.*

☐ Yes ☐ No ☐ Need more information about the job's essential functions to answer.

*Answering "yes" to the following question does not constitute an automatic bar to employment. The seriousness and nature of the violation, rehabilitation, and position applied for will be taken into account.*

Have you ever been convicted of a crime (misdemeanor or greater) which has not been annulled, expunged, or sealed by a court? ☐ Yes ☐ No

If **yes**, please provide date(s) and details: \_\_\_\_\_

**SMOKE FREE WORK PLACE**

**AN EQUAL OPPORTUNITY EMPLOYER**

**DRUG FREE WORKPLACE**

## Employment History

Starting with your most recent employer, provide the following information.

Employer	Phone	Dates Employed				
Street address	City	State	Month	Year	Month	Year
			to			
Starting job title/ final job title			Compensation (Starting)			
			<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
Immediate supervisor and title (for most recent position)			Commission/ Bonus/ Other \$			
Why did you leave?			Compensation (Final)			
			<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
			Commission/ Bonus/ Other \$			
Summarize the type of work performed and job responsibilities.						

  

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Street address	City	State	Month	Year	Month	Year
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Starting job title/ final job title			Compensation (Starting)			
			<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
Immediate supervisor and title (for most recent position)			Commission/ Bonus/ Other \$			
Why did you leave?			Compensation (Final)			
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Immediate supervisor and title (for most recent position)			Commission/ Bonus/ Other \$			
Why did you leave?			Compensation (Final)			
			<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
			Commission/ Bonus/ Other \$			
Summarize the type of work performed and job responsibilities.						

## Skills & Qualifications

Summarize any special training, skills, licenses, and/or certificates that may assist you in performing the position for which you are applying.

Equipment: ☐ Forklift ☐ Compressor ☐ High lift ☐ Scaffolding ☐ Other: \_\_\_\_\_  
☐ Fall

Training: ☐ Lead ☐ Scaffolding ☐ Respirator Protection ☐ Other: \_\_\_\_\_

Software: ☐ Microsoft Word ☐ Microsoft Excel ☐ Microsoft Access ☐ PowerPoint ☐ Foundation

Other (please list): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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## Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	Major/ Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	

## References

List name and telephone number of three business/work references that are **not** related to you and are not previous supervisors. If not applicable, list three school or personal references that are **not** related to you.

Name	Relationship to You	Telephone	Numbers of Years Known

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with H.I.S. Painting, Inc. is true, complete, and correct.

I expressly authorize, without reservation, H.I.S. Painting, Inc., its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding H.I.S. Painting, Inc., its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that H.I.S. Painting, Inc. does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from H.I.S. Painting, Inc. and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I if am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice and H.I.S. Painting, Inc. reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of H.I.S. Painting, Inc. is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the forgoing express language are valid unless they are in writing and signed by the president of H.I.S. Painting, Inc.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**H.I.S. Painting, Inc. does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. Likewise, H.I.S. Painting, Inc. does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. H.I.S. Painting, Inc. takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.**

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 (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service, whenever it is discovered.

## DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all the terms of the foregoing Applicant Statement.

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



# EEO Reporting Survey

• VOLUNTARY •

H.I.S Painting, Inc. is committed to providing equal opportunity in all employment-related activities without regard to race, color, religion, sex, sexual orientation, national origin, age disability, or veteran status. To help us comply with government regulations, we would appreciate the completion of this form. Providing this information is optional and voluntary. This information is kept confidential and is not maintained in individual personnel files.

**PLEASE PRINT OR TYPE:**

Last Name	First Name	MI	Date	Position Sought

## SEX

- ☐ Male  
☐ Female

## RACE

- ☐ **American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- ☐ **Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.
- ☐ **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- ☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, Middle East, or North Africa.
- ☐ **Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.
- ☐ **I do not wish to provide this information**

## VETERAN STATUS (check all that apply)

- ☐ **Special Disabled Veteran:** means: (1). A veteran of the U.S. military who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or (2). A person who was discharged or released from active duty because of a service-connected disability.
- ☐ **Veteran of the Vietnam-era:** means a person who: (1). Served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: a. in the Republic of Vietnam between Feb 28, 1961, and May 7, 1975; or between Aug 5, 1964, and May 7, 1975, in all other cases; or (2). Was discharged or released from active duty for a service-connected disability if any part of such active duty was performed; a. in the Republic of Vietnam between Feb 28, 1961, and May 7, 1975; or b. between Aug 5, 1964, and May 7, 1975, in all other cases.
- ☐ **Recently Separated Veteran:** Any veteran during the three-year period beginning on date of such veteran's discharge or release from active duty in the U. S. military, ground, naval or air service. Separation date: \_\_\_\_\_ month / day / year.
- ☐ **Armed Forces Service Medal Veteran:** A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order No. 12985.
- ☐ **None of the Above**
- ☐ **I do not wish to provide this information**