



Employment Application

Today's Date _____

Personal Data

First Name _____ Middle _____ Last _____

Street Address _____ City _____ State _____ Zip Code _____

Home Telephone Number _____ Alternate Telephone No. _____ Social Security Number _____

_____ Email Address

Do you have a valid driver's license? Yes _____ No _____ Op. License No. _____ Issuing State _____

Have you ever been convicted of a crime? Yes _____ No _____

If "yes", please explain: _____

Have you previously applied for employment at The Paint Doctor? Yes _____ No _____

Position Applying For: _____ Salary Required _____

How were you referred to The Paint Doctor? _____

Education

High School _____ Graduated? _____

Technical School _____ Graduated? _____

College _____ Graduated? _____



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Previous Employment

List your current of most recent employment first. Include work related internships, military and volunteer work.

Current Employer _____

Address _____

City and State _____

Telephone Number _____

Supervisor's Name and Title _____

Your Position Title _____

Reason for Leaving _____

Salary _____ per Hour Week Month Year (circle one)

Dates of Employment From _____ To _____

May we Contact Your Employer Yes ___ No ___

Previous Employer _____

Address _____

City and State _____

Telephone Number _____

Supervisor's Name and Title _____

Your Position Title _____

Reason for Leaving _____

Salary _____ per Hour Week Month Year (circle one)

Dates of Employment From _____ To _____

May we Contact Your Employer Yes ___ No ___



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Previous Employer _____

Address _____

City and State _____

Telephone Number _____

Supervisor's Name and Title _____

Your Position Title _____

Reason for Leaving _____

Salary _____ per Hour Week Month Year (circle one)

Dates of Employment From _____ To _____

May we Contact Your Employer Yes ___ No ___

Professional References

Name	Title	Company	Phone	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Releases and Applicant's Signature

In connection with my application for employment and as a condition of continuing employment, I understand that investigative inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties



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involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from The Paint Doctor, and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form. All applications will be kept on file for ninety (90) days.

Initials

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with The Paint Doctor.

Applicant's Signature

Date



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