



EMPLOYMENT APPLICATION

PLEASE PRINT				Today's date: _____	
_____		_____		_____	
First Name	M.I.	Last Name	Preferred Name/Nickname		
_____		_____		_____	
Street Address	Apartment #	City	State	Zip Code	
_____		_____		_____	
Home Phone	Alternate/Work Phone		E-Mail Address		
_____		_____		_____	

PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION					
Are you interested in: Full-time _____ Part-time _____ Temporary _____					
How did you hear about the position? Classified Ad _____ Friend (Name) _____ Radio _____ Internet _____					
Desired Pay:					
Hourly Pay (minimum if applicable) _____		Annual Pay (minimum) _____		Annual Pay (desired) _____	
When are you able to start work? (Date) _____			Position desired: _____		

PLEASE CHECK YES OR NO TO THE FOLLOWING:	
Are you authorized to work in the United States? Yes _____ No _____	
Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Spectrum Painting 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.	
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 valid drivers' license? Yes _____ No _____	

License No.	Issuing State

Spectrum Painting & Paper Hanging, LLC 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, Spectrum Painting complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. Spectrum Painting also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.



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

COMPANY NAME			YOUR POSITION and TITLE		
FROM ____ / ____ MO. YR.	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION		
CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER		
TYPE OF BUSINESS		STARTING PAY \$	FINAL PAY \$	MAY WE CONTACT YOUR EMPLOYER?	
TO ____ / ____ MO. YR.	TELEPHONE NUMBER ()	TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY		REASON	
BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u>					

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FROM ____ / ____ MO. YR.	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION		
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TO ____ / ____ MO. YR.	TELEPHONE NUMBER ()	TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY		REASON	
BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u>					



ADDITIONAL INFORMATION:

UNEMPLOYMENT ACCOUNT FOR ALL PERIODS OF TIME, THREE MONTHS OR MORE, BETWEEN POSITIONS HELD OR AFTER SCHOOL

FROM ____ / ____	TO ____ / ____	HOW DID YOU SPEND THIS TIME? _____
FROM ____ / ____	TO ____ / ____	HOW DID YOU SPEND THIS TIME? _____

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 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 THE FOLLOWING INFORMATION CAREFULLY

IN THE LAST SEVEN (7) YEARS, HAVE YOU BEEN CONVICTED OF OR HAVE YOU PLEADED GUILTY TO ANY FELONY OR MISDEMEANOR*? (Please exclude minor traffic offenses and convictions which have been sealed, impounded, erased, expunged, annulled or nolle) Arrests are not convictions.

Yes _____ No _____ If yes, please describe:

*** PLEASE NOTE:** OTHER FACTORS WILL BE TAKEN INTO ACCOUNT SUCH AS THE NATURE OF THE OFFENSE, THE TIME THAT HAS PASSED SINCE THE CONVICTION AND THE TYPE OF JOB BEING SOUGHT. FURTHER, THIS INFORMATION WILL BE USED ONLY FOR JOB-RELATED PURPOSES AND ONLY TO THE EXTENT PERMITTED BY APPLICABLE LAW.

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: In connection with my application for employment and as a condition of continuing employment, I understand that investigative background 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 involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from Spectrum Painting & Paper Hanging, LLC 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.

SIGNED: _____

DATE: _____