



★ PAINTING, INC. ★

Office: (415) 898-0388 / Fax: (415) 898-6392
P.O. BOX 1131 NOVATO, CA. 94948
LIC# 830454

APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Applicant Information

Name Last First Middle

Present address Number Street City State Zip

How long Social Security No.

Telephone ()

Position applied for (1)

Days/hours available to work
No Pref. Thurs
Mon Fri
Tue Sat
Wed Sun

and salary desired (2)
(Be specific)

How many hours can you work weekly? Can you work nights?

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work?

Table with 5 columns: TYPE OF SCHOOL, NAME OF SCHOOL, LOCATION, YEARS COMPLETED, MAJOR & DEGREE. Rows include High School, College, Bus. or Trade School, Professional School.

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work?

Driver's license number State of issue Operator Commercial (CDL) Chauffeur

Expiration date

Have you had any accidents during the past three years? How many?

Have you had any moving violations during the past three years? How Many?

Work experience

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of current or past employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number			
		Your last job title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Name of past employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number			
		Your Last Job Title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Please list two references other than relatives or previous employers.			
Name _____	Name _____		
Position _____	Position _____		
Company _____	Company _____		
Address _____	Address _____		
Telephone () _____	Telephone () _____		

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

-Please Read Carefully-

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Brescia-Stone Painting Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Brescia-Stone Painting Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Brescia-Stone Painting Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract. I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations. I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. I further understand that my employment with the Company shall be probationary for a period of NINETY (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.