



An Equal Opportunity Employer

Please Print

Date Last Name First Name Middle

Present Address

No. & Street City State Zip

Permanent Address (if different from present address)

No. & Street City State Zip

Business Phone Home Phone

Employment Desired

Position applying for:

Personal Information

Have you ever applied to or worked for us before? Yes No

If yes, when?

Do you have any friends or relatives working for us? Yes No

If yes, state name(s) and relationship:

Name Relationship

Name Relationship

Why are you applying for work with us?

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____ State _____ Zip _____			
College/ University	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____ State _____ Zip _____			
Vocational/ Business	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____ State _____ Zip _____			
Health Care Training	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____ State _____ Zip _____			

Employment History

List below all present and past employment starting with your most recent employer (last seven years is sufficient). Account for all periods of unemployment. You must complete this section in full even if attaching a resume.

Name of Employer _____ Telephone No. () _____
 Type of Business _____ Your Supervisor's Name _____
 Address & Street _____ City _____ State _____ Zip _____
 Dates of Employment: From _____ To _____ Weekly Pay: Starting _____ Ending _____
 Your Position and Duties _____
 Reason for Leaving _____
 May we contact this employer for a reference? Yes No

Name of Employer _____ Telephone No. () _____

Type of Business _____

Your Supervisor's Name _____

Address & Street _____

City _____

State _____

Zip _____

Dates of Employment: _____

From _____

To _____

Weekly Pay: _____

Starting _____

Ending _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Note: Attach additional page(s) if necessary.

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name _____

Last Name _____

() -
Telephone No. _____

Address & Street _____

City _____

State _____

Zip _____

Occupation _____

No. of Years
Acquainted _____

First Name _____

Last Name _____

() -
Telephone No. _____

Address & Street _____

City _____

State _____

Zip _____

Occupation _____

No. of Years
Acquainted _____

First Name _____

Last Name _____

() -
Telephone No. _____

Address & Street _____

City _____

State _____

Zip _____

Occupation _____

No. of Years
Acquainted _____

PLEASE COMPLETE THE LAST PAGE (NEXT) OF THIS APPLICATION FORM

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize Arena Painting Contractors to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initials

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Date

Applicant's Signature