



9654 SE Southworth DR, Port Orchard, WA 98366,  
Phone 360-689-5772 E-mail QCE@paintwa.com

## APPLICATION FOR EMPLOYMENT

Date of Application: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Referral Source:     Advertisement     Friend \_\_\_\_\_  Relative  
 Employment Agency     Walk-In     Other: \_\_\_\_\_

<b>PERSONAL INFORMATION:</b>				
Name: _____				
	Last	First	Middle	
Permanent Address: _____				
	Street	City	State	Zip
Phone Number: _____				
	Home	Work		
E-Mail: _____				

### EMPLOYMENT DESIRED:

Date You Can Start: \_\_\_\_\_ What Pay Do You Expect? \_\_\_\_\_

What Days and Hours Are You Willing to Work? \_\_\_\_\_

Are You Employed Now? \_\_\_\_\_ If So, May We Inquire of Your Present Employer? \_\_\_\_\_

Have You Ever applied or worked for  
**Quality Coating Enterprises** \_\_\_\_\_ If So, When? \_\_\_\_\_



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**EDUCATION AND SKILLS:**

Check the boxes which reflect education you completed:

- High School Graduate or GED
  - Some College
- College: \_\_\_\_\_

Field of Study: \_\_\_\_\_

- Trade or Business School

School: \_\_\_\_\_

Field of Study: \_\_\_\_\_

\_\_\_\_\_

Can you furnish records of completion of schools and/or courses as indicated above?

- Yes
- No

List of certificates or licenses you hold that may help qualify you for employment:

\_\_\_\_\_  
\_\_\_\_\_

List any job-related professional or technical organizations to which you belong:

\_\_\_\_\_  
\_\_\_\_\_

**Driver's License Information:**

State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

List all traffic violations/citations received within the last seven years: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your driver's license ever been suspended or revoked? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List languages you speak, read, and/or write:

	Fluent	Good	Fair
Speak			



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Read			
Write			

**GENERAL INFORMATION:**

What do you expect to be doing in five years?	What would your last manager/supervisor say about your job performance?
What has been your favorite/most interesting job?	What made it enjoyable/interesting?
What job did you dislike most?	Why did you dislike it?

Have you been convicted of a felony (or misdemeanor involving violent or fraudulent conduct)? **Note:** Do not include any marijuana related convictions dated more than two years ago.

No  Yes  Explain (conviction will not necessarily disqualify): \_\_\_\_\_

Have you ever been arrested for any criminal violation for which you are currently out on bail, on your own recognizance or otherwise on release pending trial?

No  Yes  Explain: \_\_\_\_\_

Is there any reason you may not be able to attend work on a regular basis or be to work on time?

No  Yes  Explain: \_\_\_\_\_

Do you have any commitments or agreements with another employer that might affect or impact -- directly or indirectly -- your employment with **Quality Coating Enterprises**

No  Yes Name of Employer: \_\_\_\_\_



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Have you been involved in a workers compensation injury claim?

No       Yes  Explain: \_\_\_\_\_

REFERENCES: Give Below the Names of Three Persons, Not Related to You, Whom you have known At Least One Year.

	Name	Address	Business	Years Acquainted
1.				
2.				
3.				

In Case of  
Emergency Notify:

Name	Address, City, State
Phone Number	Relationship



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FORMER EMPLOYERS:

(List Below Each of Your Employers During the Last 10 Years, Starting with Last One First if you need more space, please use other side): All Job histories must be listed please use a separate sheet if need be., See Resume is not acceptable.

Date Month and Year	Name, Address and Telephone Number of Employer	Salary	Position	Reason for Leaving
From				
To	Phone:			
From				
To	Phone:			
From				
To	Phone:			
From				
To	Phone:			
From				
To	Phone:			
From				
To	Phone:			
From				



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Have you been discharged for cause from any of the above positions?

No             Yes  Explain reasons: \_\_\_\_\_

COMMENT: Please use this space to provide information about yourself which you believe may help us evaluate your abilities, background or other personal characteristics.

I understand and acknowledge the following:

1.            I  have  have not signed the attached Request, Authorization and Consent for release of information to Employer and release from liability for disclosure of information. I understand and acknowledge that my failure or refusal to sign the attached form may result **Quality Coating Enterprises** excluding my application from consideration for employment, consistent with applicable legal requirements.
2.            If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S.
3.            If I am offered employment, I will, as a condition of employment, furnish proof that I am over 18 years of age.
4.            If I am employed, any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when discovered to be false, will result in my immediate dismissal.
5.            I will be required to possess a current and valid State issued driver's license and be insurable if my job requires me to drive in the course of my work.
6.            I understand that bonding may be a condition of hire and/or employment.
7.            I understand that any offer of employment may be contingent upon my passing a job-related physical examination, performed by a health care provider selected by the Company. I understand that the Company may require me to submit to a physical examination at any time during my employment, to the extent permitted by law.
8.            I understand that the Company reserves the right to require me to submit to drug and alcohol screens and/or testing prior to employment and during my employment, to the extent permitted by law.
9.            I agree that, if I am offered employment, I will be required to conform to the rules and regulations of the Company.
10.          I agree that, if I am offered a position, it will be offered on condition that my employment shall be at will and for no definite period, and that my employment, compensation, and the terms of employment may be changed and/or terminated at any time with or without cause and with or without prior notice. I understand that, except for the General Manager of the company or his superior, no supervisor or manager may alter or amend the above conditions. Only the General Manager of the company or his superior has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.
11.          I acknowledge and agree that, if employed, in the event employment disputes arise between me and **Quality Coating**, I will be bound by the **Quality Coating** Alternate Dispute Resolution ("ADR") Policy, as described



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in the Company’s Employee Handbook. **I understand and agree that alternative dispute resolution, including final and binding arbitration, is the exclusive means for resolving covered disputes; no other action may be brought in court or in any other forum. I understand that this agreement is a waiver of all rights to a civil court action; only an arbitrator, not a judge or jury, will decide the dispute.** I understand and agree that covered disputes include the following: (1) alleged violations of federal, state and/or local constitutions, statutes or regulations (including but not limited to anti-discrimination and harassment laws); (2) claims of unlawful harassment or discrimination which cannot be resolved by the parties or during an investigation by an administrative agency (such as the Department of Fair Employment and Housing or the Equal Employment Opportunity Commission); (3) claims based on any purported breach of contract, including breach of the covenant of good faith and fair dealing, claims of wrongful termination or constructive termination); (4) claims of unfair demotion or reduction in pay; (5) claims based on any purported breach of duty arising in tort, including alleged violations of public policy; and (6) claims of post-termination defamation. The following types of disputes are expressly excluded: (1) disputes related to workers' compensation and unemployment insurance; and (2) disputes or claims that are expressly excluded by statute or are expressly required to be arbitrated under a different procedure pursuant to the terms of an employee benefit plan.

12. My signature below certifies that I have read, understand, and agree to the foregoing and to the best of my knowledge and belief; the information on the application form is true and correct.

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

**Quality Coating Enterprises** policy is to fill every position without regard to race, color, religion, creed, sex, marital status, age, national origin, ancestry, physical or mental disability, medical condition, sexual orientation or any other consideration made unlawful by federal, state, or local laws. **Quality Coating Enterprises** is an equal opportunity employer and selects employees based on ability, experience, training, and character. Please contact the General Manager of **Quality Coating** if you have any questions or complaints regarding this policy.

Please Note: **Quality Coating Enterprises** considers applications for only a 90-day period. If you wish to be considered after 90 days from the date of application, please reapply.

<https://qualitycoatingwa.sharepoint.com/sites/QDrive/QDrive/Files/HumanResources/NewHire/Applications/QCEOPCEmploymentApplication.doc>



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**Field/Painter Teams Only :**

Painters Experience (Check all that apply)		Journeyman _____	Apprentice _____
<input type="checkbox"/> Residential	_____ Years of Experience		
<input type="checkbox"/> Commercial	_____ Years of Experience		
<input type="checkbox"/> Lead	_____ Years of Experience		
<input type="checkbox"/> Foreman	_____ Years of Experience		
<input type="checkbox"/> Industrial	_____ Years of Experience		
Skilled Areas (Check all that apply)			
<input type="checkbox"/> Brush	_____ Years of Experience	Please list Type _____	
<input type="checkbox"/> Spray	_____ Years of Experience		
<input type="checkbox"/> Sandblasting	_____ Years of Experience	Please list Type _____	
<input type="checkbox"/> Line Stripping	_____ Years of Experience		
<input type="checkbox"/> Caulking	_____ Years of Experience		
<input type="checkbox"/> Hand Taping	_____ Years of Experience		
<input type="checkbox"/> Scaffolding	_____ Years of Experience		
<input type="checkbox"/> Special Coatings	_____ Years of Experience		
<input type="checkbox"/> Roller	_____ Years of Experience		
<input type="checkbox"/> Paper hanging	_____ Years of Experience		
<input type="checkbox"/> Staining	_____ Years of Experience		

**Employee Tool List  
 Field Team Only**

The following tools listed below are **MANDATORY** items that employees are to have on them daily. Employees failing to have these tools in working condition will be sent home or items can be purchased by Quality Coating Enterprises at the employees' expense.

**Mandatory Tool/Dress Code List**

\*\*\* Painter Whites, Work Boots, or steel toe boots , Safety Vest and hard hat

1. Hand Masker- Preferable (2)
2. Hard Hat
3. Harness & Lead

4. High Viz Vest
5. Respirator
6. (3) Clean Brushes – Minimum 2 ½ inch
7. 5 in 1
8. 4” Roller Frame
9. 4” x 1” Core Roller Frame
10. 9” Roller Frame
11. 2’- 4’ Extension Pole
12. Caulking Gun
13. (2) Cut Buckets
14. (1) 5 -Gal Bucket
15. (2) Screens
16. (2) Bucket Hooks
17. Safety Glasses
18. Nail Set / Punch
19. Putty Knife



## Driving Record Release of Interest

**Employers, prospective employers, volunteer organizations, or their agent** can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least five years. Do not mail it to the Department of Licensing.

**Sealed juvenile records.** Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

**Company**—To be completed by the company or the agent of the company

PRINT or TYPE Company name	
Agent company name (if applicable)	
Company/Agent company address	
Authorized representative name	Title
<p>Answer the following</p> <p>1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Certification</p> <p><i>I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.</i></p> <p style="text-align: center;"><b>X</b></p>	
Date and place (city or county) signed	Authorized representative signature

**Employee, prospective employee, or volunteer**—Complete this section and return the form to the company

PRINT or TYPE Full name (First, Middle, Last)	Date of birth (mm/dd/yyyy)	WA driver license number
<p>Authorization from</p> <p><input type="checkbox"/> Employee—for release of my driving record for employment purposes, at my employer’s discretion for the full term of my employment</p> <p><input type="checkbox"/> Prospective employee—for release of my driving record for employment purposes, not to exceed 30 days from date signed</p> <p><input type="checkbox"/> Volunteer—for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization</p>		
Employer, prospective employer, or volunteer organization name		
Employer agent company name if acting on behalf of the company for employment purposes		
<p>Authorization</p> <p><i>I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.</i></p> <p style="text-align: center;"><b>X</b></p>		
Signature		Date

Company:  
Phone:

### RELEASE AUTHORIZATION

In connection with my final offer of employment and/or continued employment and/or contract employment and/or volunteer position with you, I understand that an investigative consumer report may be requested that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information concerning my workers' compensation claims, motor vehicle operation history, credit history and criminal history from various states, private and insurance sources along with other public records available. Worker's compensation information will only be requested in compliance with the ADA and/or any other applicable state laws.

I HERBY AUTHORIZE, WITHOUT RESERVATION, ANY LAWFUL ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EMPLOYER OR INSURANCE COMPANY CONTACTED BY ORCA INFORMATION, INC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I further acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies including Minnesota's Department of Labor. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be so advised and be given the name of the agency or source of information.

Today's Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

**The following must be filled out completely for your application to be considered. (Please print).**

Position Applying for: \_\_\_\_\_

Last Name	First Name	MI	Date of Birth	Race	Sex	Social Security #	
Place of Birth (City/State)	Current Address		City	State	Zip		
Other Last Names Used				Driver's License # / State			
Other States and Counties I have lived in as an adult...	1	State	County	Zip	From (year)	To (year)	
	2						
	3						
	4						

Have you ever been charged or convicted of a crime: Yes  No

If yes, what State & County:

\_\_\_\_\_

What was the nature of the crime? (give details):

\_\_\_\_\_

Estimated Annual Earnings: \_\_\_\_\_

**\*The above information is to be used only for identification and investigative purposes.**

This information is being verified by ORCA Information, Inc. Any information or questions should be directed to the following address:

ORCA Information, Inc.  
P.O. Box 277  
Anacortes, WA 98221  
Phone: (800) 341-0022  
Fax: (800) 522-6722