

EMPLOYMENT APPLICATION

West Coast Painting
 1611 Seventh Street
 Riverside, California 92507
 An Equal Opportunity Employer



| | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|
| NAME (FIRST, MIDDLE, LAST) | | Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No | | SOCIAL SECURITY NO. | | |
| Street Address | | City | | State | | |
| Zip Code | | | | Area Code (Phone) | | |
| Describe the type of employment you desire. | | | | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | | |
| How did you learn of West Coast Painting? <input type="checkbox"/> Contacted West Coast Painting on own <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Other* | | *Describe Other Referral Source Here | | If hired, can you submit certification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Have you ever worked for this company under your current name or any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill out below: Name (if different): _____ Dates: _____ | | | | | | |
| EDUCATION | | | | | | |
| | Name & Address | | Course Major | Did You Graduate | Years Completed | Degree Received |
| High School | | | | | | |
| College | | | | | | |
| Graduate School | | | | | | |
| Technical, Business, Vocational School | | | | | | |
| List any foreign languages and proficiency (read, write, speak). | | | | | | |
| List any certificates or licenses obtained and date received. | | | | | | |
| List any friends or relatives employed at West Coast Painting Name: _____ Relationship: _____ | | | | | | |
| References List professional references that we may contact. Exclude Relative | | | | | | |
| Name | | Company/Address | | | | |
| Relationship | | Phone | | Years Known | | |
| Name | | Company/Address | | | | |
| Relationship | | Phone | | Years Known | | |
| Name | | Company/Address | | | | |
| Relationship | | Phone | | Years Known | | |
| FELONY/MISDEMEANOR CONVICTIONS Note: A criminal conviction or pending charge will not necessarily disqualify an applicant from employment. The date of conviction, nature of the crime & other relevant factors will be considered in making the employment decision. | | | | | | |
| Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes ____ No ____ If yes, state nature of the crime(s), when and where convicted and disposition of the case (attach separate sheet if necessary): _____ _____ | | | | | | |
| Remarks: Use this space for additional information; attach additional page(s) if necessary. _____ _____ | | | | | | |

| EMPLOYMENT HISTORY PLEASE PRINT | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------|----------------------|
| <i>THIS SECTION MUST BE COMPLETED –List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume. ATTACH AN ADDITIONAL SHEET IF NECESSARY.</i> | | | |
| 1 | FROM (MO-YR.) | COMPANY OR ORGANIZATION | JOB TITLE / POSITION |
| | TO (MO-YR.) | ADDRESS, CITY, STATE, ZIP | SUPERVISOR |
| | DESCRIPTION OF DUTIES (INDICATE RESPONSIBILITIES, ACCOMPLISHMENTS & CONTRIBUTIONS) | | SALARY- STARTING |
| | | | SALARY-END |
| May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 2 | FROM (MO-YR.) | COMPANY OR ORGANIZATION | JOB TITLE/POSITION |
| | TO (MO-YR.) | ADDRESS, CITY, STATE, ZIP | SUPERVISOR'S NAME |
| | DESCRIPTION OF DUTIES (INDICATE RESPONSIBILITIES, ACCOMPLISHMENTS & CONTRIBUTIONS) | | SALARY- STARTING |
| | | | SALARY-END |
| May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 3 | FROM (MO-YR.) | COMPANY OR ORGANIZATION | JOB TITLE/POSITION |
| | TO (MO-YR.) | ADDRESS. CITY, STATE, ZIP | SUPERVISOR'S NAME |
| | DESCRIPTION OF DUTIES (INDICATE RESPONSIBILITIES, ACCOMPLISHMENTS & CONTRIBUTIONS) | | SALARY- STARTING |
| | | | SALARY-END |
| May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 4 | FROM (MO-YR.) | COMPANY OR ORGANIZATION | JOB TITLE/POSITION |
| | TO (MO-YR.) | ADDRESS, CITY, STATE, ZIP | SUPERVISOR'S NAME |
| | DESCRIPTION OF DUTIES (INDICATE RESPONSIBILITIES, ACCOMPLISHMENTS & CONTRIBUTIONS) | | SALARY- STARTING |
| | | | SALARY-END |
| May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Please **READ** carefully, **INITIAL** each paragraph and **SIGN** below:

_____ 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 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 lapsed before discovery.

_____ I hereby authorize the company to 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 West Coast Painting 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 West Coast Painting, 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.

_____ I understand that nothing contained in this application, or conveyed during any interview that may be granted or during my employment, if hired, is intended to create an employment contract between West Coast Painting and me. 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 West Coast Painting unless made in writing and signed by me and the company's designated representative.

Applicant's Signature: _____ Date: _____

APPLICATIONS WITHOUT SIGNATURES WILL BE DENIED