

EMPLOYMENT APPLICATION

West Coast Painting

1611 Seventh Street
Riverside, California 92507
An Equal Opportunity Employer



Please Print

NAME (FIRST, MIDDLE, LAST)		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Permanent Address (if different from present address)	City	State	Zip Code (Area Code) Phone ()
Employment Desired.		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
If hired, can you submit certification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Referral Source:	

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.

Have you ever been *convicted* of a criminal offense (felony or serious misdemeanor)? Yes No If yes, state nature of the crime(s), when and where convicted and disposition of the case.

Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

Personal Information

Have you ever worked for this company under your current name or any other name? Yes 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.

References: List professional references that we may contact. Exclude friends and relatives.

Name	Company/Address	
Relationship	Phone	Years Known
Name	Company/Address	
Relationship	Phone	Years Known
Name	Company/Address	
Relationship	Phone	Years Known

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	PHONE
	TO (MO-YR.)	ADDRESS, CITY, STATE, ZIP	SUPERVISOR	REASON FOR LEAVING
	DESCRIPTION OF DUTIES (INDICATE RESPONSIBILITIES, ACCOMPLISHMENTS & CONTRIBUTIONS)			SALARY- STARTING
	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			SALARY-END
2	FROM (MO-YR.)	COMPANY OR ORGANIZATION	JOB TITLE/POSITION	PHONE
	TO (MO-YR.)	ADDRESS, CITY, STATE, ZIP	SUPERVISOR'S NAME	REASON FOR LEAVING
	DESCRIPTION OF DUTIES (INDICATE RESPONSIBILITIES, ACCOMPLISHMENTS & CONTRIBUTIONS)			SALARY- STARTING
	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			SALARY-END
3	FROM (MO-YR.)	COMPANY OR ORGANIZATION	JOB TITLE/POSITION	PHONE
	TO (MO-YR.)	ADDRESS, CITY, STATE, ZIP	SUPERVISOR'S NAME	REASON FOR LEAVING
	DESCRIPTION OF DUTIES (INDICATE RESPONSIBILITIES, ACCOMPLISHMENTS & CONTRIBUTIONS)			SALARY- STARTING
	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			SALARY-END
4	FROM (MO-YR.)	COMPANY OR ORGANIZATION	JOB TITLE/POSITION	PHONE
	TO (MO-YR.)	ADDRESS, CITY, STATE, ZIP	SUPERVISOR'S NAME	REASON FOR LEAVING
	DESCRIPTION OF DUTIES (INDICATE RESPONSIBILITIES, ACCOMPLISHMENTS & CONTRIBUTIONS)			SALARY- STARTING
	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			SALARY-END

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 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