

PERFORMANCE COATINGS LLC EMPLOYMENT APPLICATION

I. Personal Information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Social Security Number or Driver's License Number: _____

Email Address: _____

- If hired, can you provide proof that you are legally able to work in the United States?
Yes ___ No ___

- How were you referred to us?
Advertisement _____ Walk-In ___ Other _____

- Have you ever been convicted of a criminal offense (felony or misdemeanor)? *Note: An affirmative answer will not necessarily result in disqualification for employment:*
Yes _____

If yes, please state nature of offense(s), date(s), city, state and disposition of the offense:

II. Employment

- Position Desired: _____

- Salary Desired: _____

- What days and hours are you available for work?

- Are you available to work overtime if necessary?
Yes _____

- Are you over 18 years of age?

Yes _____

If you are under 18 years of age, can you provide a work permit?

Yes _____

- When are you available to begin work? _____

- Are you able to perform the essential functions of the job for which you are applying? *Note: We comply with the Americans with Disabilities Act and will consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions:*

Yes _____

III. Skills

- Are you able to operate a personal computer?

Yes _____

If yes, what types of computer software do you have proficiency in?

List any other office machines you can operate:

- What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for?

IV. Education

- High School or Trade School

Name & City of School: _____

Number of Years Completed: _____

Did you graduate?

Yes _____

Degree(s) or Diploma(s): _____

Major Field(s) of Study: _____

▪ College or University

Name & City of School: _____

Number of Years Completed: _____

Did you graduate?

Yes _____

Degree(s) or Diploma(s): _____

Major Field(s) of Study: _____

V. Employment History

Please account for all employment within the last seven (7) years, beginning with your current or more recent employer.

▪ Positions Held

Company Name: _____

Company Address: _____

Company Telephone Number: (____) _____

Dates Employed: From: _____ To: _____

Salary: _____

Job Title: _____

Hours and Days Worked: _____

Supervisor: _____

Is this your current employer?

Yes _____

May we contact this employer?

Yes _____

Specific Job Duties:

Reason for Leaving: _____

▪ Positions Held

Company Name: _____

Company Address: _____

Company Telephone Number: (____) _____

Dates Employed: From: _____ To: _____

Salary: _____

Job Title: _____

Hours and Days Worked: _____

Supervisor: _____

Is this your current employer?

Yes _____

May we contact this employer?

Yes _____

Specific Job Duties:

Reason for Leaving: _____

- Positions Held

Company Name: _____

Company Address: _____

Telephone Number: (____) _____

Dates Employed: From: _____ To: _____

Salary: _____

Job Title: _____

Hours and Days Worked: _____

Supervisor: _____

Is this your current employer?

Yes _____

May we contact this employer?

Yes _____

Specific Job Duties:

Reason for Leaving: _____

VI. **Military Service**

- Have you obtained any special skills or abilities as the result of services in the military?

Yes _____

If yes, please describe:

VII. Personal References

Please list at least two (2) persons NOT related to you who have known you for at least five (5) years.

- Name of Reference #1: _____
- Address: _____
- Telephone Number: (____) _____

- Name of Reference #2: _____
- Address: _____
- Telephone Number: (____) _____

APPLICANT'S STATEMENT

(Initial each numbered item as read)

1. _____ The information that I have provided on this application is accurate to the best of my knowledge and may be verified by Performance Coatings LLC or its agents.
2. _____ I authorize all the schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of Performance Coatings LLC, for use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release Performance Coatings LLC, my former employers and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.
3. _____ I understand that Performance Coatings LLC is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if the Performance Coatings LLC has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire or, if already employed, termination.
4. _____ I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.
5. _____ I understand and agree that the employment for which I am applying for is at-will and such employment may be terminated at any time with or without cause, without prior notice, by either myself or Performance Coatings LLC. There will be no agreement, express or implied between Performance Coatings LLC and me for any specific period of employment, nor for continuing or long term employment, unless made in writing, signed by an authorized representative of Performance Coatings LLC.
6. _____ I have placed my signature in the space provided below only after I have completed the entire application to the best of my ability and have carefully read the statements above.

Applicant Name: _____

Applicant Signature: _____

Date: _____

ALL INFORMATION, INSTRUCTIONS, TIPS, COMMENTS, AND FORMS ARE PROVIDED "AS IS" WITHOUT ANY EXPRESS OR IMPLIED WARRANTY, INCLUDING AS TO LEGAL EFFECT OR COMPLETENESS. They are for guidance and should be modified by you or your attorney to meet your specific needs and the laws of your state. Use at your own risk. Docstoc, its employees or contractors who wrote or modified any form, instructions, tips, comments, and decision tree alternatives and choices, are **NOT** providing legal or any other kind of advice, are not creating or entering into an Attorney-Client relationship, and were most likely **NOT** prepared or reviewed by an attorney licensed to practice law in your state. Docstoc is unable to and does not provide legal advice. Please note that laws change and are regularly amended, therefore, the provisions, and names and section numbers of statutes within this document, if any, may not be 100% correct as they may be partially or wholly out of date and some relevant ones may have been omitted or misinterpreted. **The information and forms are not a substitute for the advice of your own attorney. You may wish to consult with your own attorney licensed to practice law in your state.**

This document is not approved, endorsed by, or affiliated with any State, or governmental or licensing entity.

Note: You should have carefully read and considered the instructions, tips, comments, and decision tree alternatives and choices. If you did not you should go back and complete the process again. You must review the completed document to make sure that it meets your specific circumstances and requirements, and the particular laws of your state. Docstoc does not review your completed document, including for consistency, spelling errors, or any reason at all. You (or your attorney) may want to make additional modifications to meet your specific needs and the laws of your state.

◊ Where within this document you see this symbol: ◊ or an instruction states "Insert any number you choose◊," or something similar, or there is a blank for the user to complete, please note that although Docstoc believes the information or number may be any that the user chooses, and that there is no law governing what the information or number should be, you might want to verify this, including by consulting with your own attorney licensed to practice law in your state. And even if one party has more negotiating leverage than another you might want to be reasonable.

INFORMATION AND FORMS ARE PROVIDED "AS IS" WITHOUT ANY EXPRESS OR IMPLIED WARRANTY OF ANY KIND INCLUDING WARRANTIES OF MERCHANTABILITY, NONINFRINGEMENT OF INTELLECTUAL PROPERTY, OR FITNESS FOR ANY PARTICULAR PURPOSE. IN NO EVENT SHALL DOCSTOC, INC., OR ITS AGENTS, OFFICERS, ATTORNEYS, ETC., BE LIABLE FOR ANY DAMAGES WHATSOEVER (INCLUDING, WITHOUT LIMITATION, DAMAGES FOR LOSS OF PROFITS, BUSINESS INTERRUPTION, LOSS OF INFORMATION) ARISING OUT OF THE USE OF OR INABILITY TO USE THE MATERIALS, EVEN IF DOCSTOC HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

Your use of this document is deemed to be your agreement to the foregoing and that you have read and agree to our Terms of Service (http://www.docstoc.com/popterm.aspx?page_id=15), as well as our **disclaimer that Legal information is not legal advice, and the important content available here** http://www.docstoc.com/popterm.aspx?page_id=114

No Docstoc employee, contractor, or attorney is authorized to provide you with any advice about what information (again, which includes forms) to use or how to use or complete it or them.

Entire document © Docstoc, Inc., 2010, 2011