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APPLICATION FOR EMPLOYMENT

DATE _____

LaPorte Painting, Inc. has teamed up with Drug Free Pennsylvania as our commitment to provide our employees with a Safe and Healthy Workplace. Pre-employment Drug Testing is a component to our Policy.

Personal Information:

Last Name

First Name

Middle Initial

Street Address

City

State Zip Code

Social Security Number

Telephone Number

Work Telephone Number

Cell Number

Drivers License Number

State Issued

Do you have reliable Transportation? Yes

No

Date you are available to start work: _____

Emergency Contact/Number _____ Relationship _____

Employment Desired:

Position _____

Salary Desired: Per Hour \$ _____

Are you employed Yes No

If so, may we inquire of your present employer? Yes No

Have you ever applied to this company before? Yes No If so, when _____

Education:

High School _____

College _____

Trade, Business or other School: _____

U.S. Military or Naval Service _____ Rank: _____

General:

Years Experience and Knowledge of equipment used for position requested: _____

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please explain in detail—including dates, details of offense(s) charged, jurisdiction and disposition of case:

Former employers:

(List below last three employers, starting with last one first)

Date (Month & Year) From-To	Employer	Position & Salary	Reason for Leaving
Date (Month & Year) From-To	Employer	Position & Salary	Reason for Leaving
Date (Month & Year) From-To	Employer	Position & Salary	Reason for Leaving

References:

Name	Address	Business	Phone Number
Name	Address	Business	Phone Number
Name	Address	Business	Phone Number

Authorization:

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Date _____ Signature _____

NOTE:

Applicants are considered without regard to race, color, religion, sex, nationality, origin, age, marital or veteran status or the presence of a non-job related medical condition or handicap.

DO NOT WRITE BELOW THIS LINE

Remarks:
