

# EMPLOYMENT APPLICATION

OFFICIAL USE ONLY					
<i>Tracking #</i>					
<i>Comments:</i>					



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## PERSONAL INFORMATION

PLEASE PRINT LEGIBLY

Last Name	<input type="text"/>	First Name & Middle Name	<input type="text"/>
Address	<input type="text"/>		City <input type="text"/>
State	<input type="text"/>	ZIP	<input type="text"/>
		Social Security #	<input type="text"/>
Home Phone #	( <input type="text"/> ) <input type="text"/>	Work Phone #	( <input type="text"/> ) <input type="text"/>
Cell Phone #	( <input type="text"/> ) <input type="text"/>	E-Mail Address	<input type="text"/>

Drivers License #	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>State</i>	<i>Expiration Date</i>	<i>Class</i>	

To ensure compliance with our motor vehicle insurance carrier, are you at least 21 years of age if applying for a delivery position?  Yes  No

<p>Have you ever used another name(s)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so, please list all previously-used names:</p> <input type="text"/>	<p>Is there any additional information that relates to your change of name, use of an assumed name, or nickname, that you must provide to enable a check on your work and educational record?</p> <input type="text"/>
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## JOB INTERESTS/SKILLS

Position(s) applied for	<input type="text"/>		
Facility/location where employment is desired	<input type="text"/>	Salary desired	\$ <input type="text"/>
Type of employment requested:	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Temporary <input type="checkbox"/> Summer <input type="checkbox"/>
Date available to start work	<input type="text"/>	Ever worked for Dunn-Edwards before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<i>mm</i> <i>dd</i> <i>yy</i>		
Was termination voluntary?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason(s) for leaving	<input type="text"/>
Are you related to anyone in the Company?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes:	<input type="text"/>
			<i>His/her name</i>
Were you referred for the position you are applying for?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes:	<input type="text"/>
			<i>Name of person that referred you</i>

**EDUCATION**

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	Name & Location	Years attended (eg. 1998-2002)	Degrees, Diplomas, Certificates & Honors
High School			
College or University			
Other Education			

**ELIGIBILITY STATUS**

Can you provide Legal documentation establishing your identity and eligibility to be legally employed in the United States?

  
Yes  
No

Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony?

  
Yes  
No

Have you been arrested for any matters for which you currently are out on bail or on your own recognizance pending trial?

  
Yes  
No

If yes, please give the date(s) and details:

If yes, please give the date(s) and details:

NOTE: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of offense, seriousness and nature of violation, time that has elapsed from the date of the incident, and rehabilitation, will be taken into account. Moreover, any inquiry on a protected basis that may have an adverse impact on an individual, even though neutral on its face, may be permissible only if it is sufficiently related to an essential job function to warrant its use. (Do not include minor traffic infractions, and convictions for which the record has been sealed or expunged, or statutorily eradicated that occurred over two years ago. Do not include any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed that occurred over two years ago. Do not include referrals to and participation in any pretrial or post trial diversion programs that occurred over two years ago. Do not include certain marijuana-related offenses, violations of Sections 11357(b), 11357(c), 11360, 11364, 11365, and/or 11550 of the Health and Safety Code that occurred over two years ago. Do not include any arrest or detention which did not result in conviction, or any arrest for which a pre-trial diversion program has been successfully completed.)

Do you have adequate transportation to and from work?

  
Yes  
No

PRINT YOUR NAME

# EMPLOYMENT HISTORY

PLEASE PRINT LEGIBLY

Beginning with your current (or, if you are not currently employed, your most recent) job, please list your last three (3) employers over the last 15 years. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. You may not substitute your resume for this list. Use additional sheets if necessary.

Former employer name

Street Address

City, State, ZIP

**1** Job Title

Job Duties

Immediate supervisor

Employment dates

Name		Position	Phone #	
From	To	Salary \$	Starting	Ending
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you still employed with this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Was termination voluntary? Yes <input type="checkbox"/> No <input type="checkbox"/>		Reason(s) for leaving		

Former employer name

Street Address

City, State, ZIP

**2** Job Title

Job Duties

Immediate supervisor

Employment dates

Name		Position	Phone #	
From	To	Salary \$	Starting	Ending
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you still employed with this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Was termination voluntary? Yes <input type="checkbox"/> No <input type="checkbox"/>		Reason(s) for leaving		

Former employer name

Street Address

City, State, ZIP

**3** Job Title

Job Duties

Immediate supervisor

Employment dates

Name		Position	Phone #	
From	To	Salary \$	Starting	Ending
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you still employed with this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Was termination voluntary? Yes <input type="checkbox"/> No <input type="checkbox"/>		Reason(s) for leaving		

Fully explain any gaps in your employment history

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PRINT YOUR NAME

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## ► Applicant's Statement and Agreement

This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time you must reapply. I declare under penalty of perjury that the facts contained in this application, in any resume submitted, in this authorization or in any other accompanying documentation submitted are true and complete to the best of my knowledge. I understand that, fraudulent or false information, documents or other material or significant omissions may disqualify me from further consideration for employment and will be justification for the termination of my employment if discovered at a later date.

In the event of my employment to a position in this Company, I will comply with all rules and regulations of this Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to the Company. I also understand that I may be required to take other tests such as personality and honesty tests, prior to and during my employment. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I further understand that the Company may contact my previous employers. I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding myself.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by either the Company (employer) or me at any time and for any reason whatsoever, with or without good cause.

This is the entire agreement between the Company and me regarding the length of my employment, and the reasons for termination of employment, and this agreement supersedes any and all prior agreements regarding these issues. It is further agreed and understood that any agreement contrary to the foregoing must be entered into, in writing, by the President of the Company. No supervisor or representative of the Company, other than its President, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing. Oral representations made before or after you are hired do not alter this Agreement.

If any term or provision, or portion of this Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable.

**IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK A COMPANY REPRESENTATIVE BEFORE SIGNING.**

**I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND THE SAME. (Do not sign until you have read the above statement & agreement.)**

Printed Name	_____	Today's Date
Signature	_____	

## ► Consumer Reports Authorization

I understand that Dunn-Edwards may obtain a "consumer report" or an "investigative consumer report" for all permissible employment-related purposes, which include but are not limited to: employment history verification; education verification; social security number verification; driving records, and criminal court records. Such investigations shall be conducted and reports prepared by Celestial Searches (32700 SE Leewood Lane #67, Boring, OR 97009, 503.826.8636 or 714.791.6972).

I hereby authorize and consent Celestial Searches to obtain the information referred to above in connection with the processing of my application or re-application. For conducting any investigation and preparing any reports, I release Dunn-Edwards, its employees and agents, and all individuals, corporations, or other private or public entities providing information, from any liability for damages that may incur to me as a result of furnishing or attempting to furnish such information.

Printed Name	_____	Today's Date
Signature	_____	

Do you wish to receive a copy of any report that is prepared?  Yes  No  (Initials)

## Invitation to Self Identify

### EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION DATA

Dunn-Edwards is an Equal Opportunity/Affirmative Action Employer, and as such, is required by federal law to maintain and report certain information regarding its employees.

In order to comply with the law(s), you are invited to provide the following information voluntarily. This information will remain **CONFIDENTIAL** and will be used only for purposes allowed by law. Refusal to provide such information will not subject you to any adverse treatment, nor will it become part of your personnel file. When reported to the government, this data will not identify any specific individual. Thank you for your cooperation.

#### Section 1: General Information

<b>Name:</b>	<b>Date</b> ____/____/____
<b>Position Title:</b>	
<b>Supervisor or Manager:</b>	

#### Section 2: Please check ( ) all that apply (See second page for definitions)

Race or Ethnic Identity	Gender	**Veteran Status
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) <input type="checkbox"/> Two or More Races (not Hispanic or Latino)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Other Protected Veteran <input type="checkbox"/> Recently separated veteran <input type="checkbox"/> Armed Forces Service Medal Veteran
		<b>**Other</b>

<b>I do not wish to Self-Identify Signature:</b> _____		
<i>For Human Resources Use Only:</i>	<i>Requisition #</i>	<i>Job Group</i>

*[\*\*Editors note: According to 41 CFR 60-741.42, there are only two circumstances when an employer may ask a disabled applicant to self-identify on a pre-offer basis:*

*(1) The invitation is made when the contractor actually is undertaking affirmative action for individuals with disabilities at the pre-offer stage; or (2) The invitation is made pursuant to a Federal, state or local law requiring affirmative action for individuals with disabilities.*

*According to 41 CFR 60-250.42, there are only two circumstances under which an employer may ask applicants who are Special Disabled Veterans to self-identify on a pre-offer basis:*

*1) The invitation is made when the contractor actually is undertaking affirmative action for special disabled veterans at the pre-offer stage; or (2) The invitation is made pursuant to a Federal, state or local law requiring affirmative action for special disabled veterans. ]*

## **EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES**

### **Hispanic or Latino**

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

### **White (Not Hispanic or Latino)**

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

### **Black or African American (Not Hispanic or Latino)**

A person having origins in any of the black racial groups of Africa.

### **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino )**

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

### **Asian (Not Hispanic or Latino)**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

### **American Indian or Alaska Native (Not Hispanic or Latino)**

A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

### **Two or More Races (Not Hispanic or Latino)**

All persons who identify with more than one of the above five races.

**Individual with a disability** (under ADAAA) means any person who:

- has an impairment that substantially limits one or more major life activities
- a record of such an impairment, or
- being regarded as having such an impairment
- includes any impairment that is episodic or in remission if it would substantially limit a major life activity when active
- prohibits consideration of the ameliorative effects of "mitigating measures" when assessing whether an impairment substantially limits a person's major life activities, with one exception

**"Veteran of the Vietnam era"** - a veteran of the U.S. military, ground, naval, or air service, any part of whose service was during the period August 5, 1964 through May 7, 1975, who served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge, or was discharged or released from active duty because of a service-connected disability. "Vietnam era veteran" also includes any veteran of the U.S. military, ground, naval, or air service who served in the Republic of Vietnam between February 28, 1961 and May 7, 1975.

**"Special disabled veteran"** - a person who is entitled to compensation under laws administered by the Department of Veterans Affairs for a disability rated at 30 percent or more; or, rated at 10 or 20 percent, if it has been determined that the individual has a serious employment disability; or, a person who was discharged or released from active duty because of a service-connected disability.

**"Disabled veteran"** - a veteran who served on active duty in the U.S. military ground, naval, or air service and is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to disability compensation) under laws administered by the Secretary of Veterans Affairs, or was discharged or released from active duty because of a service-connected disability.

**"Recently separated veteran"** - any veteran who served on active duty during the three-year period beginning on the date of such veteran's discharge or release from active duty<sup>[6]</sup>.

**"Other protected veteran"** - any other veteran who served on active duty in the U.S. military ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

**"Armed Forces Service Medal Veteran"** - a veteran who, while serving on active duty in the U.S. military ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 Fed. Reg. 1209).