U.P.Painters, Inc. "Covering the Upper Peninsula" 657 West Washington Street Marquette, MI 49855 906-249-5340

www.uppainters.com uppainters@gmail.com

APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT FOR SIGNATURE

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

Date:							
Name:	Last	First		-	Middle		_
Present Address:							
	Number Street		City		State	Zip	
How long at this address?		-					
Telephone #:		_Driver's Lice	ense No				
If under 18, can you furnis	sh a work permit?Y	es	_No				
Position Applied for:							_
Salary or hourly rate desir	ed (Be specific)						_
Days/ Hours Available to	work: No preference_			_Thursday			
	Monday			Friday			
	Tuesday		-	Saturday			_
	Wednesday			Sunday			_
Have you filed an applica	tion here before?	Yes	No	If yes, give date			_
Have you ever been emple	oyed here before?	Yes	No	If yes, give date_			_
Employment desired :	Full-time only	Part-	time only	Full or	Part	_Seasonal	
When are you available for	or work?		Can you to	ravel if the job requi	res it?		
Are you working now? _			Are you o	n layoff and subject	to recall?		_
May we contact your pres	sent employer?	_Yes	N	0			
Are you prevented from la	awfully becoming employe	ed in this count	ry because	e of Visa or Immigra	ation Status?	Yes	No
EDUCATION:							
Type of School	Name of School	Location (Co	mplete ma	niling address)	Years comple	eted Major/ Degree	;
High School	Charles and the Control of the Contr	***************************************					
College							
Business/Trade School					-		

Have you ever been convicted of a cr)	(a) have march and affine (a)	_
committed, sentence (s) imposed, and	s), nature of offense (s) leading to conviction type (s) of rehabilitation:	n(s), now recently such offense (s) was/wel	e .
NOTE: A conviction record will not roof violation, and rehabilitation will be	necessarily be a bar to employment. Factors considered.	such as age, time of offense, seriousness a	nd nature
REFERENCES:			
Please list two references other than r	elatives or previous employers:		
Name	Name		
Position	Position		
Company	Company		_
Address	Address		_
			_
Telephone	Telephone		
below to summarize and additional in	iformation necessary to describe your full qu	summarize a complete background. Use the summarize a complete background. Use the salifications for the specific position for whether the salifications for the specific position for whether the salifications are summarized to the salification of	
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pelow to summarize and additional in are applying: Have you ever been in the armed for Are you now a member of the Nation	ces? Yes all Guard? Yes	NoNo	
Have you ever been in the armed for Are you now a member of the Nation Specialty	ces? Yes all Guard? Yes	No No Date discharged with your most recent job held. If you were	nich you
Have you ever been in the armed for Are you now a member of the Nation Specialty	ces? Yes all Guard? Yes Date entered Please list your work experience beginning we semployed, give firm name. Attach additions Name of Employr Starting Final Wa	No No Date discharged with your most recent job held. If you were all sheets if necessary. Supervisor: nent Dates: Wage:	self
Have you ever been in the armed for Are you now a member of the Nation Specialty	ces? Yes all Guard? Yes Date entered Please list your work experience beginning we semployed, give firm name. Attach additions Name of Employr Starting Final Wa	NoNoNo	self

Address: City, State, Zip:	Name of Supervisor: Employment Dates: Starting Wage:
Phone Number: Reason for leaving:	Final Wage: Your last job title:
List the jobs you held,	duties performed, skills used or learned, advancements or promotions while you worked at this company:
Name of employer:	Name of Supervisor:
Address:	Employment Dates:
City, State, Zip:	Starting Wage:
Phone Number: Reason for leaving:	Final Wage:
Reason for leaving.	Your last job title:
List the jobs you held,	duties performed, skills used or learned, advancements or promotions while you worked at this company:
Initial	I hereby certify that all statements made on or in connection with my application are true, complete and correct to the best of my knowledge and belief, and I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.
Initial	I authorize U.P.Painters, Inc. to contact any of the persons, or organizations referenced in my application materials. I also authorize any person contacted to provide to U.P.Painters, Inc., any and all information regarding my employment, education, or any other information concerning any of the subjects covered by the application. I agree to execute employment records release authorization forms as may be required by U.P.Painters, Inc. requesting employment records from my present and / or former employer(s).
Initial	I understand that I may be required to successfully pass a drug test to gain employment or continue employment with U.P.Painters, Inc. I consent freely and voluntarily to participate in required drug test(s) at a location selected by U.P.Painters, Inc. I also consent to the release of the test(s) results to U.P.Painters, Inc. I hereby release and hold harmless U.P.Painters, Inc., its officers, agents, and employees, and the laboratory, their employees, agents, and contractors from any liability whatsoever, except for their negligence, arising from the drug test(s) and decisions concerning employment based upon the results of this test(s). In addition, I understand that U.P.Painters, Inc. maintains a drug-free and a smoke-free workplace.
Initial	I understand that if certain positions have particular security requirements or if U.P.Painters, Inc., determines there is a Bona Fide Occupational Qualification inherent in the position which requires certain information, a police background check seeking that information may be conducted prior to making a decision regarding employment. I authorize U.P.Painters, Inc., its officers, agents, and employees to conduct such a check if I am applying for one of these positions, and I release and hold harmless U.P.Painters, Inc., its officers, agents, and employees from any liability, except for it's negligence, related to the performance or result of this check.

Initial	If accepted for employment, I agree that my status as an employee depends upon successful performan during a probationary period and that I am an "at-will" employee during this probationary period.						
Applicants Signature				Date:			
		AN EQUAL OPP APPLICAN	ORTUNITY EI IT DATA RECO				
Applicants are considere	d for all positior	s, and employees are t	reated during em	ployment without re	egard to race, color, religion, sex,		
National origin, age, mar	rital or veteran st	atus, medical condition	n or handicap.				
As employers/ governme	ent contractors, v	ve comply with govern	ment regulations	s and affirmative act	ion responsibilities.		
Record. We appreciate y	our cooperation				blease fill out the Applicant Data the Application for Employment.		
Please Print:		ä					
Date:		. 8					
Position(s) applied for:_							
Referral Source:	Advertisement			FriendRelative			
	E	mployment Agency	Wall	k-in	_Other		
Name				Phone			
	Last	First		Middle A	rea Code		
Address	Number	Street	City	State	Zip Code		
		AFFIRMATIV	E ACTION SUI	RVFV			
Government agencies rec Analysis and affirmative	quire periodic re action only. Su	ports on the sex, ethnic	city, handicapped	l and veteran status of	of applicants. This data is for		
Date of Birth:							
Sex:	N	Tale	Female				
Race/ Ethnic Group		/hite merican Indian/ Alask	Black an Native	Hispan Asian/	ic Pacific Islander		
Check if any of the follow	wing are applica	ble:					
Vietnam Era	Veteran	Disab	led Veteran		Handicapped Individual		