



Have you ever been convicted of a criminal offense, (Misdemeanor or Felony?) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain number of conviction(s), nature of offense (s) leading to conviction(s), how recently such offense (s) was/were committed, sentence (s) imposed, and type (s) of rehabilitation: \_\_\_\_\_  
\_\_\_\_\_

NOTE: A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness and nature of violation, and rehabilitation will be considered.

**REFERENCES:**

Please list two references other than relatives or previous employers:

Name	_____	Name	_____
Position	_____	Position	_____
Company	_____	Company	_____
Address	_____	Address	_____
	_____		_____
Telephone	_____	Telephone	_____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize and additional information necessary to describe your full qualifications for the specific position for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been in the armed forces? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you now a member of the National Guard? \_\_\_\_\_ Yes \_\_\_\_\_ No

Specialty \_\_\_\_\_ Date entered \_\_\_\_\_ Date discharged \_\_\_\_\_

**WORK EXPERIENCE:** Please list your work experience beginning with your most recent job held. If you were self Employed, give firm name. Attach additional sheets if necessary.

Name of employer:	_____	Name of Supervisor:	_____
Address:	_____	Employment Dates:	_____
City, State, Zip:	_____	Starting Wage:	_____
Phone Number:	_____	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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_  
Employment Dates: \_\_\_\_\_  
Starting Wage: \_\_\_\_\_  
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:

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Name of employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_  
Employment Dates: \_\_\_\_\_  
Starting Wage: \_\_\_\_\_  
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:

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### AUTHORIZATION AND CERTIFICATION

Please carefully read the following statements and initial each one where indicated. If you have a question regarding any of the Statements, please ask prior to initialing and signing the application. Your initials and signature verify that you have read, understand, And agree to abide by the statements below:

\_\_\_\_\_  
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.

