

EMPLOYMENT APPLICATION

FREEDOM PAINTING, INC.

8822 CALMADA AVE., WHITTIER, CA 90605

(Email application to: deanna@freedompainting.com)

DATE: _____

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

LAST NAME	FIRST NAME	SOCIAL SECURITY #	
STREET ADDRESS		CITY	STATE ZIP CODE
CELL PHONE	HOME PHONE	EMAIL	
POSITION APPLYING FOR?	HOW DID YOU HEAR OF THIS OPENING?	WHEN CAN YOU START?	DESIRED WAGE \$
HOURS AND DAYS AVAILABLE?			
LANGUAGES YOU SPEAK?			
HAVE YOU EVER BEEN CONVICTED OF A FELONY? PLEASE EXPLAIN IN SO. (THIS WILL NOT NECESSARILY AFFECT YOUR APPLICATION)			

EDUCATION	NAME & ADDRESS	COURSE MAJOR	DEGREE OR CERTIFICATE RECEIVED	YEARS COMPLETED
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
TECHNICAL, BUSINESS, OR VOCATIONAL SCHOOL				
OTHER				

REFERENCES (PROFESSIONAL)			
NAME	RELATIONSHIP	PHONE	YEARS KNOWN
COMPANY/ADDRESS			
NAME	RELATIONSHIP	PHONE	YEARS KNOWN
COMPANY/ADDRESS			
NAME	RELATIONSHIP	PHONE	YEARS KNOWN
COMPANY/ADDRESS			

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EMPLOYMENT HISTORY (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH MOST CURRENT)

NAME OF EMPLOYER _____ PHONE _____

ADDRESS OF EMPLOYER _____

START POSITION _____ START DATE _____ SALARY - START _____

END POSITION _____ END DATE _____ SALARY - END _____

REASON FOR LEAVING _____

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? _____ YES OR _____ NO

NAME OF EMPLOYER _____ PHONE _____

ADDRESS OF EMPLOYER _____

START POSITION _____ START DATE _____ SALARY - START _____

END POSITION _____ END DATE _____ SALARY - END _____

REASON FOR LEAVING _____

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? _____ YES OR _____ NO

NAME OF EMPLOYER _____ PHONE _____

ADDRESS OF EMPLOYER _____

START POSITION _____ START DATE _____ SALARY - START _____

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ADDRESS OF EMPLOYER _____

START POSITION _____ START DATE _____ SALARY - START _____

END POSITION _____ END DATE _____ SALARY - END _____

REASON FOR LEAVING _____

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? _____ YES OR _____ NO

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."

(APPLICATIONS WITHOUT SIGNATURE WILL BE DENIED)

DATE _____

SIGNATURE _____