LEACH PAINTING CONTRACTORS, LLC JOB APPLICATION

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

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| Name and Address |  |
| Name (First, MI, Last) | Social Security Number |  |
| Mailing Address |  |
| City, State, and Zip Code |  |
| Telephone | Alternate Phone |  |
| If under 18, please list age | Email |  |
| Job Type |  |
| Days/hours available to work |  |
|  I have no preference. |  Mon. |  Tues. |  Wed. |  Thurs. |  Fri. |  Sat. |  Sun. |
| I am seeking a: |  Full‐time job |  Part‐time job |  Full‐ or Part‐time |
| How many hours can you work weekly? | Can you work nights? | Date available to begin |
| Additional Information |  |
| Have you ever been employed by this organization in the past? |  Yes |  No |
| I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States. |  Yes |  No |
| Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony? |  Yes |  No |
| If Yes, please explain: |  |
| Do you have a driverʹs license?  Yes  No | Driverʹs license number | Issued in what state? |
| Have you had any accidents during the past three years? | How many? |
| Have you had any moving violations during the past three years? | How many? |

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| Education |  |  |
| School | Location (mailing address) | Years Completed | Major | Degree or Diploma |
| High School |  |  |
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| College or Business/Trade School |  |  |
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| Military |  |  |
| Have you even been in the Armed Forces? |  Yes |  No | Date entered |
| Are you now a member of the National Guard? |  Yes |  No | Discharge date |
| Specialty |

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| Work Experience |
| Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary. |
| Company | Name of last supervisor | Hrs/week |
| Address | Start Date | Starting Salary |
| City, State, and Zip Code | End Date | Final Salary |
| Phone number | Your last job title |
| Reason for leaving (be specific) |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |
| May we contact this employer?  Yes  No |
| Company | Name of last supervisor | Hrs/week |
| Address | Start Date | Starting Salary |
| City, State, and Zip Code | End Date | Final Salary |
| Phone number | Your last job title |
| Reason for leaving (be specific) |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |
| May we contact this employer?  Yes  No |

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| Work Experience (continued) |
| Company | Name of last supervisor | Hrs/week |
| Address | Start Date | Starting Salary |
| City, State, and Zip Code | End Date | Final Salary |
| Phone number | Your last job title |
| Reason for leaving (be specific) |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |
| May we contact this employer?  Yes  No |
| References |
| Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers. |
| 1. |
| 2. |
| 3. |
| 4. |
| I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated. |
| Signature | Date |