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 | |