



Please print in ink (preferably black) and return to the Human Resources Department.

Application for Employment

Employees and applicants for employment of Auto Paint Specialty, Co. and/or APSCO, Inc. shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, creed, gender, national origin, age, sexual orientation, marital or veteran status, or any other legally protected status.

1. Position applied for _____
(one per application) 2. Today's Date: ____ / ____ / 20____

3. Social Security No. _____

(Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social Security number will be required on other forms prior to employment.)

4. Full legal name _____ 6. Home Phone () _____
Last First Middle

5. Address _____ 7. Cell Phone () _____

8. Are you at least 18 years of age? Yes No

City State Zip

9. EDUCATION

a. Check highest grade completed	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Year Completed
b. If you did not complete high school, do you have a high school equivalency diploma?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received
c. Did you attend College or Technical School? <input type="checkbox"/> No <input type="checkbox"/> Yes, I attended <input type="checkbox"/> College <input type="checkbox"/> Technical School		

Name and Location of College and/or Technical Schools(s)	Did you Graduate?	Major or Specialty	Dates Attended
1.			
2.			
3.			

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills:

10. **EXPERIENCE** —Starting with the most recent, describe your last three jobs. List your skills and abilities which best describe your qualifications for this position.
 May we contact your present supervisor? Yes No

a. Job Title:	Duties:
Employer:	
Address:	
Phone: ()	
Immediate Title:	
Salary (start) (finish)	
Dates (mo/yr) to (mo/yr)	Reason for leaving:
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hours/week	Your name while employed if different from present:
b. Job Title:	Duties:
Employer:	
Address:	
Phone: ()	
Immediate Title:	
Salary (start) (finish)	
Dates (mo/yr) to (mo/yr)	Reason for leaving:
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hours/week	Your name while employed if different from present:

c. Job Title:		Duties:
Employer:		
Address:		
Phone: ()		
Type of business:		
Immediate supervisor:		
Title:		
Salary (start)	(finis	
Dates (mo/yr)	to (mo/yr)	Reason for leaving:
Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Hours/week
		Your name while employed if different from present:

11. Do you have a VALID state issued Driver's License? Yes No If yes, list below.

State	License Number	Expiration Date	List any Limitations

12. MISCELLANEOUS

a. Are you available to work: Weekdays Only Weekdays & some Saturdays

b. Check which job status you would accept: Full-time Part-time (specify)

c. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?
 Yes No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

d. Have you ever been convicted for any violation(s) of law, other than minor traffic violations. Yes No If YES, please provide the following:
Description of offense:

e. Have you submitted a recent Driving History with this application? Yes No

13. EMERGENCY CONTACT – In an emergency, please contact:

Name	Address	Phone Number
1st		
2nd		

14. When will you be available to start work?

Month Day Year

15. CERTIFICATION--Each Application Requires Current Date and Original Signature

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment with APSCO, Inc. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize APSCO, Inc. to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application will be maintained in strict confidence.

Date _____ Applicant Signature _____