



AquaPro

Painting & Waterproofing

APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, or any other legally protected status.

BASIC INFORMATION: Please print in ink.

Position Applied For	Date of Application
Salary Desired	Date Available

Last Name	First Name	Middle Name
Present Address	Number Street	City State Zip Code
If present address is less than five years, please provide former address:		
Address	Number Street	City State Zip Code
Telephone Number(s)	Social Security Number	

Are you employed at the present time? Yes No
 If "Yes", may we inquire of your present employer? Yes No

Have you ever applied to this company before? Yes No
 If "Yes", at which location and when? _____

Have you ever been convicted of a felony? Yes No
A conviction will not necessarily disqualify you from employment.
 If yes, please explain: _____

If not a citizen of the United States, do you have the right to remain and work in the United States? Yes No

Do you have a valid driver's license? Yes No

If YES: Driver's License Number _____ State of Issue _____

EMPLOYMENT HISTORY Start with your present or most recent job and cover your last three jobs

1	Company	Supervisor	Telephone
Address		City	State
Date Employed	From To	Starting Salary	Leaving Salary
Your Duties:			
Reason for Leaving:			
2	Company	Supervisor	Telephone
Address		City	State
Date Employed	From To	Starting Salary	Leaving Salary
Your Duties:			
Reason for Leaving:			
3	Company	Supervisor	Telephone
Address		City	State
Date Employed	From To	Starting Salary	Leaving Salary
Your Duties:			
Reason for Leaving:			

If presently employed, why do you desire to change your position? _____

If you are now employed, may we contact your present employer? Yes No

Have you ever been terminated involuntarily or asked to resign from a job?

Yes No If yes, please explain:

REFERENCES: (not former Employers or Relatives)

Name	Address	Phone Number

EDUCATION:

	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate?	List Diploma or Degree
High School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

INTERESTS: Use this space below to describe your interest in the painting industry and skills and aptitudes that you feel qualify you for a position with our Company. If you need more space, please continue on a separate sheet.

SPECIAL SKILLS: _____

ACKNOWLEDGEMENT:

Please Read Before Signing:

The facts set forth in my application for employment are true and complete. I understand that if employed, false or misleading statements or omissions on this application may result in 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. I authorize and permit AquaPro Painting to obtain a consumer report and/or investigative consumer report which may include employment records, driving records, criminal history, verification of academic information and military service records. I release the company from all liability for any damage that may result from utilization of such information.

I UNDERSTAND THAT, IF THE COMPANY EMPLOYS ME, EITHER THE COMPANY OR I CAN TERMINATE MY EMPLOYMENT WITH OR WITHOUT CAUSE AT ANY TIME AND FOR ANY OR NO REASON. I also understand that no representative of the Company has any authority to enter into an agreement for employment for any specific period of time or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized representative of the company.

Signature of Applicant

Date

Return completed application and a copy of your Driver's License and Social Security Card to: AquaPro Painting & Waterproofing, 8001 Vine Crest Avenue, Suite #5, Louisville, KY 40222 or by Fax 502-426-8308. Telephone: 800-293-4449