

# APPLICATION FOR EMPLOYMENT



## Instructions:

If you require assistance to complete this application or in the application process, please notify the person who gave you this form.

1. Please read "Application Note" below
2. Complete all sections of the application, sign, and date when completed
3. Print clearly to ensure legibility, Please fill in "NA" for any question which is not applicable

## Brush Masters is an Equal Opportunity/Affirmative Action Employer:

All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientation, military status, ancestry, religion, disability, status in regard to public assistance, or any other legally protected status.

## Application Note:

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all applicable questions completely and accurately. Incomplete, false, or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment.

All job offers are contingent upon the applicant's participation with and completion of all pre-employment screening including social security confirmation, drug test, background check, and possible medical evaluation as they apply to the position offered, company policy, and state and federal law. Please ask the person who gave you this form if you would like copies of Brush Masters pre-employment screening policies.

## I. Applicant Information

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Home Phone: \_\_\_\_\_ Secondary Phone (cell): \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

Have you been employed with Brush Masters in the past?  yes  no If yes, when: \_\_\_\_\_

If hired, can you provide documentation that you are authorized to work in the U.S?  yes  no

## II. Availability

For what position are you applying? \_\_\_\_\_

On what date are you able to start? \_\_\_\_\_ What category would you prefer:  full time  part time  
 temporary (seasonal)

For which of the following are you available to work:  weekdays  weekends  evenings  nights  overtime  
 other: \_\_\_\_\_

## III. Job Qualification: NOTE: do not fill out any part of this section you believe to be non-job related.

yes  no Have you been given a job description or had the essential functions of the job explained to you?

yes  no Do you understand these essential functions?

yes  no Can you perform the essential functions of this job with or without reasonable accommodation?

yes  no If the job requires, do you have the appropriate valid driver's license?

Name on license \_\_\_\_\_ DL# \_\_\_\_\_

Type \_\_\_\_\_ State of Issue \_\_\_\_\_

yes  no Have you had any moving violations in the past 5 years? Please describe: \_\_\_\_\_  
\_\_\_\_\_

## Office Use Only

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**V. References**

Please list individuals whom are familiar with your work ability. Do not list relatives.

Name	Address/Phone	Years Known	Relationship
1.			
2.			
3.			

**VI. Employment Questionnaire**

Questions 1-8 below are general questions about your knowledge of painting and staining. Only answer these questions if you are applying for a position within our painting departments. These questions are meant to give a general idea of you knowledge about painting and staining. If you cannot answer any one of the questions, please write "unknown" in the space provided.

All applicants should answer questions 9-14.

1. How do you apply stain on interior millwork? \_\_\_\_\_  
\_\_\_\_\_
2. What brand of stain do you like to use? \_\_\_\_\_
3. Have you ever sprayed sealer or varnish? If yes, what brands of product and type of sprayer have you used? \_\_\_\_\_  
\_\_\_\_\_
4. What have you used for sanding woodwork? \_\_\_\_\_
5. Have you taped off woodwork for painting of walls? If yes, what brand of tape do you like? \_\_\_\_\_  
\_\_\_\_\_
6. What size nap do you like to use? \_\_\_\_\_
7. What brand of wall paint do you like? \_\_\_\_\_
8. Have you sprayed exteriors? If yes, what brand and type of paints have you sprayed? \_\_\_\_\_  
\_\_\_\_\_
9. Do you plan on painting/drywall as a career? \_\_\_\_\_
10. Can you work weekends (Saturday)? \_\_\_\_\_
11. Can you carry some supplies in your vehicle? \_\_\_\_\_
12. Do you have any hour restrictions? (eg: not before 8am or after 4pm)? \_\_\_\_\_  
\_\_\_\_\_
13. What is your desired starting hourly wage? \_\_\_\_\_
14. Additional experience and/or comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VII. Education**

If you were known under a different name during any time in your educational background, please note: \_\_\_\_\_

	School Name	city/state	yrs completed	graduate?	Name of Degree
High school					
Vocational					
Technical					
University					
Other					

**VIII. Security:**

    yes     no Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below (Do not include non-moving traffic violations. Conviction will not necessarily be a bar to employment, however a false statement will. In accordance with company policy and applicable state and federal laws, factors such as age at the time of the offense, remoteness of the offense, time since last conviction, and nature of the job sought and rehabilitation effort will be reviewed).

	Date	city/state	Conviction/Charge
1.			
2.			
3.			
4.			

Comments: (ask for additional pages if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant Certification and Agreement**

**\*Please read completely and carefully\***

I certify that I have read and understand the "Application Note" on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand and agree that, in connection with my application for employment, background inquiries may be requested by the company or on the company's behalf that will seek information as to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Furthermore, I understand and agree that the company may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background and other past experiences as they relate to the position for which I am applying. I authorize the company to verify any of this information. I understand that any false information, omissions, or misrepresentations of facts called for in this application, whether on this document or not, may result in rejections of my application or discharge at any time during my employment.

I authorize all former employers, persons, schools, and companies to release any information concerning my background and hereby release any said persons, schools, companies of any liability for any damage whatsoever for issuing this information. I acknowledge that an electronic copy, faxed copy, or photo copy of this release is as valid as the original.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
signature



# Applicant Voluntary Data Form

**An Equal Opportunity/Affirmative Action Employer**

**Please read carefully:**

Brush Masters is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite you to complete the information below. Submission of this information is **completely voluntary** and your decision not to provide the information, or any part of the information, below will not affect your opportunity for employment or otherwise subject you to any negative treatment. The information obtained will only be used for required reporting purposes, and the form will be kept confidential and separate from your application. If you wish, you may provide this form to us separately from your application. Where Brush Masters is required to summarize and report information to the government, the reported data will not identify any specific individual.

<b>Last name</b>	<b>First name</b>	<b>Middle initial(s)</b>
<b>Date</b>	<b>Position Applied for</b>	

**Gender – Select one**

- Female     
  Male     
  I choose not to provide this information

**Ethnic/Race Identification**

Are you Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)?

- Yes     
  No     
  I choose not to provide this information

**If you answered “No” above, please check one of the descriptions below.**

- White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino): A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.
- I choose not to provide this information.

**Disability – Are you a person with a disability\*\*?**

- Yes     
  No     
  I choose not to provide this information

\*\*A person with a disability is one who has a physical, sensory, or mental impairment which materially or substantially limits one or more major life activity or has a record of or is regarded as having such an impairment.

PLEASE RETURN FORM TO CARY ZIMMERMAN. THANK YOU FOR YOUR PARTICIPATION.