

Thank you for your interest in pursuing employment with Custom Coatings, Inc. Custom Coatings, Inc. has been in business since 1991. We are pleased to offer our employees a benefit package that surpasses your typical painting company.

We are always looking for the right employees that fit with our company and our employees.

Our company performs background checks on each employee that is a potential hire. We also schedule a pre-hire drug screening. Once hired, there are random drug test performed throughout employment.

All new employees will be required to meet certain criteria mandated by Custom Coatings, Inc. Such requirement may include but are not limited to the following:

- Completed employment application
- Satisfactory work references with contact names and phone numbers
- Pre-employment Drug test
- Ability to perform essential job duties
- Attendance at required employee meetings
- Proof of valid North Carolina Driver's License/identification card and work authorization
- Criminal background check
- Speak, read and understand English

I verify that I have read the above and can meet all of the requirements.  
By signing this form, I authorize Custom Coatings, Inc. to complete a criminal background check.

Signature\_\_\_\_\_Date\_\_\_\_\_

CUSTOM COATINGS, INC.

INTERVIEWED \_\_\_\_\_  
HIRED: \_\_\_ YES \_\_\_ NO

### APPLICATION FOR EMPLOYMENT

Today's Date:

#### PERSONAL INFORMATION

NAME		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP
PHONE	ARE YOU 18 YEARS OR OLDER? YES NO		
DO YOU HAVE A VALID DRIVER'S LICENSE? ___ YES ___ NO IF YES, # _____			

#### DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? ___ YES ___ NO	IF SO MAY WE CONTACT YOUR PRESENT EMPLOYER? ___ YES ___ NO	
EVER APPLIED TO THIS COMPANY BEFORE? ___ YES ___ NO IF YES, WHEN? _____		
WHO REFERRED YOU TO THIS COMPANY? ___ NEWSPAPER ADVERTISING ___ FRIEND ___ EMPLOYEE ___ OTHER		

#### EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

#### GENERAL

SPECIAL TRAINING
SPECIAL SKILLS

**FORMER EMPLOYERS**

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE    ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? _____ YES    _____ NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE    ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? _____ YES    _____ NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE    ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? _____ YES    _____ NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

**REFERENCES**

BELOW, GIVE THE NAMES OF 3 PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	PHONE	YEARS ACQUAINTED
1			
2			
3			

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 15 YEARS?      ____ YES    ____ NO
IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

**AUTHORIZATION**

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR 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 AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_