

**HAPPY VALLEY PAINTERS, INC.
APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER**

Military Service: Yes No

If yes, what branch?

Type of Discharge? _____ Date of Discharge? _____

Do you currently have any military obligations? (i.e. National Guard, Reserves, etc.) _____

If so, can you provide a schedule of when you will be needed for service? _____

Employment History:

Please Read: List below your last five years of employment, beginning with your most recent. If unemployed for a period of time, so state. Your start date from one job should be your end date from another. Do not leave any gaps of time. If additional space is needed, please attach an additional sheet. Employer addresses and contact names must be complete.

Date	Employer Name & Complete Address	Supervisor	Position/ Salary	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				

(If necessary, print additional sheets.)

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References:

List below the names of three persons whom you have known at least one year. For example: past employer, landlord, neighbor, minister, teacher, principal, dean, business associate, etc. **Do not list relatives or roommates.**

Name	Complete Address	Phone Number (s)	How Acquainted	Years Known

1. Do you have an impairment (physical, mental, or medical), which could possibly interfere with your ability to do the job for which you are applying?
 Yes _____ No _____ If yes, explain. _____

2. Are you taking any medications or prescription drugs regularly which may affect your job performance in this company?
 Yes _____ No _____ If yes, explain. _____

3. Have you had any misdemeanor or felony convictions during the last 10 years? (An answer of "yes" may not eliminate you from consideration.)
 Yes _____ No _____ If yes, explain. _____

4. Have you lived in more than one state in the last 5 years? If yes, which ones:

5. Describe in a few sentences why you feel you are qualified for this position:

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I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the service of Happy Valley Painters, Inc., whenever it is discovered. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment or continued employment decision. This application is current for 90 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am released or retire from employment, I will be paid only through the day of release. I also understand and agree that upon my release from employment I must return all the employer's property in my custody.

I acknowledge that I have read and understand the above.

Authorization of Release Form

I, _____, grant Censor Investigations permission to make inquiries
(Print Full Name)
regarding my background. I understand that this information is for the purpose of determining eligibility for employment or continued employment with Happy Valley Painters, Inc and will be kept confidential.

I further authorize any person(s) along with the Social Security Administration to release to Censor Investigations any information regarding my past employment records and job performance, criminal conviction record, military record, personal data, driving records, or similar related records. This form releases from liability any person(s) who release such information. A photocopy of this form is as valid as the original.

SIGNATURE OF APPLICANT: _____ DATE: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ (For criminal record check purposes only.)

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All Happy Valley Painters, Inc. employees will at one time or another need to drive a company vehicle and, therefore, will have to qualify for our insurance policy.

By filling out and signing this sheet, you are authorizing your motor vehicle records to Happy Valley Painters, Inc. and our insurance company to determine your insurability as someone who can drive company vehicles.

DRIVER'S RECORD: If your total points equal 10 or more, our insurance company **may** or **may not** have a problem insuring you.

APPLICANT'S NAME: _____

State License Issued in _____ **License #** _____

NOTE: THE FOLLOWING WILL BE VERIFIED BY YOUR MOTOR VEHICLE RECORD.

	Points Each	x	Number of Violations	=	Total Points
CITATIONS: (Past 3 years)					
(1) Speeding	5	x	_____	=	_____
(2) Careless, Imprudent & Reckless driving	6	x	_____	=	_____
(3) All other violations including phone reports	4	x	_____	=	_____
ACCIDENTS: (Past 3 years)					
(4) Each accident determined to be driver's fault (ticket or not)	10	x	_____	=	_____
CONVICTIONS: (past 5 years)					
(5) Homicide, manslaughter or assault arising out of operation of a motor vehicle	15	x	_____	=	_____
(6) Leaving the scene of an accident; DWI, DUI, or BAC	15	x	_____	=	_____
(7) Speed Contest	15	x	_____	=	_____
(8) Suspension of License other than for lack of insurance	15	x	_____	=	_____
(9) Eluding or attempting to elude the police	15	x	_____	=	_____
(10) Three or more tickets in the last 18 months	15	x	_____	=	_____

Total Points = _____

I certify that the above information is correct, and I authorize Happy Valley Painters, Inc. and its insurer to obtain a copy of my Motor Vehicle Record. I understand that this point system is only a pre-employment worksheet and that the insurance company will review my MVR to determine my insurability to drive a company vehicle for Happy Valley Painters, Inc.

Signature: _____

Date: _____

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Employer & Character References

Please Read: Your timely and prompt completion of this form will help us to determine whether this individual is eligible for employment with Happy Valley Painters, Inc. All information will be held in confidence and will only be used to determine eligibility and/or continuance of employment. Due to the nature of our business, it is important that you be as forthright as you can. Thank you in advance for your time and cooperation.

Name and Address of Employer/Character Reference: _____

Character References: Please complete #1 – 4, 14 & 15 only.

1. How are you acquainted with _____? (Friend, past employer, landlord, etc.)

2. How long have you been acquainted with this individual? _____

3. What do you feel are this individual's strengths? _____

4. Weaknesses? _____

5. Position held: _____ Status: Full-time Part-time Seasonal

6. Dates of Employment: From _____ To _____

7. Was the employee often late to work? _____

8. If applicable, did this employee have a clean driving record with you? _____

9. Approximately how many workdays were missed while in your employ? _____

10. Dependability: Excellent Average Poor

11. Overall Rating: Excellent Average Poor

12. Reason for Leaving: Discharged Resigned Laid off Explain: _____

13. Eligible for rehire: Yes No Maybe If no, why not? _____

14. Any additional comments: _____

15. Date: _____ Signature: _____ Title: _____