



BEACH PAINTING CONTRACTORS, INC.
 1496 Colington Road • Kill Devil Hills, NC 27948
APPLICATION FOR EMPLOYMENT
 (PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE _____

NAME _____

SS# _____

LAST FIRST MIDDLE

PRESENT ADDRESS _____

STREET CITY STATE ZIP

PERMANENT ADDRESS _____

STREET CITY STATE ZIP

PHONE NO. _____

ARE YOU 18 YEARS OR OLDER? Yes No

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? Yes No

EMPLOYMENT DESIRED

POSITION _____

DATE YOU CAN START _____

SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____

IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

REFERRED BY _____

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

FORMER EMPLOYERS: LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST:

DATE (MONTH AND YR)	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT HIS JOB? _____

HEALTH / PHYSICAL CONDITION: TO YOUR KNOWLEDGE, DO YOU SUFFER FROM ANY OF THE FOLLOWING:

Epoxy Poisoning	Epilepsy	Back Injury	Dizziness
Respiratory Problems	Diabetes	Arthritis	Heart Trouble
Hernia or Rupture	Defective Hearing	Rheumatism	Carpal Tunnel

Other (please describe): _____

* The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

(CONTINUED ON OTHER SIDE)

PAINTING EXPERIENCE: CHECK ALL THAT APPLY:

Interior	Airless Sprayer	Wood Finish	Taping
Exterior	Conventional Spray	Color Match	Epoxy
Residential	Brush	Steel	Vinyl
Apartments / Condos	Roll	Steam Cleaning	Urethane
Track Work	Wallpaper	Maintenance	Lacquer
Industrial	Vinyl Hang	Sandblasting	Mastic Coating
Commercial	Flex Wood	Swing Stage	Elastomeric
Power Washing	Stripping	Boson Chair	Electrostatic
Drywall	Prints / Specs	Aerial Ladder	Automotive
Faux Finishing	Crew Supervision	DER / Platform Man Lift	Graphics

REFERENCES: GIVE THE NAMES OF 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR:

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

IN CASE OF EMERGENCY NOTIFY _____

NAME

RELATIONSHIP

ADDRESS

PHONE NO.

"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 LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE."

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

REMARKS:

NEATNESS

ABILITY

HIRED: YES NO

POSITION

DEPT.

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED BY: