

CDH Painting, Inc

802 Harris Street, Eureka, CA 95503 Phone (707) 443-4429 Fax (707) 443-4430 License #679379

www.cdhpainting.com

Thank you for your interest in CDH Painting, Inc. As you may have heard, CDH Painting, Inc. is a great place to work! To ensure that your application is reviewed in a timely manner, please be sure to fill out the **entire** application, including:

Contact names and **current** phone numbers for past employers

At least three references

Please be sure to initial each release and sign the application

Fill out Background Check Release form

After your application is received, you will hear back from us in about two weeks. If you are selected or an interview, you will be contacted by phone to schedule. After your interview, if you are still being considered to be hired, you will be required to take a post-offer drug test with our company's physician.

A few pieces of information you may want to know about working for CDH Painting, Inc.:

- A typical work day begins at 8:00 AM and ends at 4:30 PM
- You must be able to provide your own transportation to the designated site for the day
- You are expected to arrive at the designated site 15 minutes early in order to be prepared to begin work at 8:00 AM
- You will be expected to adhere to our dress code.

Thank you once again for your interest!

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APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Personal Information Name (First Name, Middle Initial, Last Name)	Date	Date	
Present Address (Street, City, State, Zip Code)			
Is This Your Permanent Address?	If not, what is your perm	anent add	ress?
Home Phone:	Cell Phone:		
Social Security #:	Driver's License #:		
Do you have a valid driver's license? □Yes □N	No State Issued By:		
Do you have your own transportation? Do you have any objection to working overtime i Can you travel if required? Are you able to meet the drug-free work place red Have you ever been convicted of a crime in the la If yes, list convictions that are a matter of public disqualify you for employment):	quirement? ast 7 years? c record (a conviction will no	□Yes □Yes □Yes □Yes □Yes □Yes ot necessa	□No □No □No □No □No □No urily
How were you referred to us?	CDH Painting, Inc.?	□Yes	□No
Position(s) applying for or type of work desired: Type of employment desired: □ Full-Time □			
Date you will be available to start work:		_	
If temporary, anticipated last day of work:		_	
Salary Required What	t do you like about painting?		
Skills or Special Training (summarize any job and/or other qualifications):	o-related training, skills, lice	nses, certi	ificates,

Employment History (List your employment history for the past 5 years or, if less than three employers in that time frame, your last three employers. Begin with current or most recent employment first. Include work related internships, military, and volunteer work. If your professional painting experience is not included, please attach additional sheets as needed.)

Current Employer:	
Complete Address:	
Telephone #: Immediate supervisor and title:	May We Contact Your Employer: □Yes □No
Your Position Title:	Salary:
Dates Employed: From	to
Reason for Leaving:	
Previous Employer:	
Complete Address:	
Telephone #: Immediate supervisor and title:	May We Contact Your Employer: □Yes □No
Your Position Title:	Salary:
Dates Employed: From	to
Reason for Leaving:	
Previous Employer:	
Complete Address:	
Telephone #: Immediate supervisor and title:	May We Contact Your Employer: □Yes □No
Your Position Title:	Salary:
Dates Employed: From	to
Reason for Leaving:	
Educational History (list school nar	me and location, course of study, and any degrees)
High School	Years Completed
College	
Technical Training	Years Completed

References (List the names of 3 persons who have know you at least 1 year. Do not include relatives or employers.)

Name	Contact Phone #	Relationship	Years Have Known You

Releases and Applicant's Signature

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, references, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from CDH Painting, Inc. and/or any of their agents. This authorization and consent shall be valid in original, fax or copy form. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities ACT (ADA) and other relevant federal and state laws. All applications will be kept on file for ninety (90) days.

Initials

I understand this application is not an employment contract, nor can it be used to create one. All hiring and employment at CDH Painting, Inc. is at will. Employment at CDH Painting, Inc. has no specific term and may be terminated by the employee or CDH Painting, Inc. at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law. I acknowledge that CDH Painting, Inc. has not made any promises or representations that differ from those contained in this paragraph.

Initials

I understand that the submission of any false information in connection with my application for employment, whether verbally or in writing, may be cause for withdrawal of any offer of employment or immediate discharge at any time thereafter should I be employed by CDH Painting, Inc. Any misrepresentation, when discovered, will result in termination.

Initials
I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.
Initials
I release and agree to hold harmless any individual, company, business institution, or government agency from all liability for any damage that may result with regard to furnishing information to CDH Painting, Inc. I agree to release and hold harmless CDH Painting, Inc. from all liability for any damage that may result with respect to the receipt of such information.
<u>Initials</u>
I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant's Signature

Date

www.Pre-employ.com

Applicant Notification / Release of Information

The purpose of this form is to notify you that a Consumer Report will be conducted on you in the course of consideration for employment or promotion. This report may include information relating to your character, general reputation, personal characteristics, or mode of living, and is being provided by Pre-employ.com, Inc. – P O Box 491570 Redding, CA 96049 – Phone 530-378-7680. I hereby authorize your company or any agent of your company to contact any and all corporations, former employers, educational institutions, law enforcement agencies, city, state, county, and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand I have the right to obtain a free copy of this consumer report if; (1) Any adverse action/decision is made based on the information in the consumer report, & (2) If the request is made in writing within 60 days of the adverse action. I believe to the best of my knowledge that all information I have provided is accurate, true, and correct and that I fully understand the terms of this release.

Please write clearly in Black Ink only

Name: (Last)	(First)	(Middle)	
List any other name used in the	he last 7 years:		
Date of Birth/	/ Social Secu	urity Number	
Driver's License #	State	Daytime Phone #	
		State Lic #	
List your current mailing add			
Street or P.O. #	City	State Zip	
Your Signature:		Today's Date://	
above (initials)		f the report mailed to the address you support the report the re	
FAX TO: (888) 999-3839	TO BE FILLED OUT BY	BY COMPANY REQUESTING INFORMATION	NC
Company Name:CI	OH PAINTING, INC	PO/Location #95503	
Plea	se start our standard backgroun Or, select from the fo		
Criminal History Civil	History Social Security Verific	ication Driving Report	
Education/Degree Verificati	ion Reference Check Nation	nal Wants & Warrants Previous Employer	
Verification			
Professional License Verific	cation O.I.G. Name Search	Urine Based Drug Test Saliva Based Drug	
While the information contained in cannot be guaranteed due to potenti Inc., and since public records data		from public records data sources deemed reliable, its accu	Test

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