



APPLICATION FOR EMPLOYMENT



PLEASE PRINT CLEARLY

POSITION APPLIED FOR	DATE AVAILABLE
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I UNDERSTAND THAT IF I AM APPLYING FOR A DRIVER POSITION, THAT I WILL BE REQUIRED TO PROVIDE PROOF THAT I HAVE A VALID DRIVER'S LICENSE, IF MY APPLICATION IS ACCEPTED.

PERSONAL DATA ■

LAST NAME	FIRST NAME	INITIAL
ADDRESS	APT.	HOME PHONE
CITY	BUSINESS PHONE	
STATE	ZIP - POSTAL CODE	FAX

ARE YOU LEGALLY ELIGIBLE TO WORK IN THIS COUNTRY? YES NO

ARE YOU AT LEAST 18 YEARS OF AGE? YES NO

ARE YOU WILLING TO RELOCATE? YES NO

IF, YES – SPECIFY ■

WITHIN REGION WITHIN STATE WITHIN THIS COUNTRY UNLIMITED

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE FOR WHICH A PARDON HAS NOT BEEN GRANTED? YES NO

To determine your qualifications for employment, please provide below and on the reverse, information related to your academic and other achievements including volunteer work, as well as employment history. Additional sheets may be attached.

EDUCATION ■

<input type="checkbox"/> HIGH SCHOOL	<input type="checkbox"/> BUSINESS or TRADE SCHOOL
HIGHEST GRADE or LEVEL COMPLETED	NAME OF COURSE ■ LENGTH
DIPLOMA OBTAINED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DIPLOMA AWARDED? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> COMMUNITY COLLEGE	<input type="checkbox"/> UNIVERSITY
NAME OF COURSE ■ LENGTH	NAME OF COURSE ■ LENGTH
DIPLOMA AWARDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DIPLOMA AWARDED? <input type="checkbox"/> YES <input type="checkbox"/> NO

OTHER COURSES, WORKSHOPS OR SEMINARS ●

COURSE NAME ■	SUBJECT ■	LENGTH ■	DIPLOMA ■

WORK RELATED SKILLS ■

EMPLOYMENT ■

1 NAME & ADDRESS OF PRESENT OR MOST RECENT EMPLOYER			YOUR JOB TITLE ■
NAME			PERIOD OF EMPLOYMENT ■ <i>PÉRIODE D'EMPLOI</i>
ADDRESS			From ■ To ■
CITY	STATE / PROVINCE	ZIP / POSTAL CODE	SALARY ■
TYPE OF BUSINESS			SUPERVISOR'S NAME ■
REASON FOR LEAVING			TITLE
			TELEPHONE () -

2 NAME & ADDRESS OF PRESENT OR MOST RECENT EMPLOYER			YOUR JOB TITLE ■
NAME <i>NOM</i>			PERIOD OF EMPLOYMENT ■
ADDRESS <i>ADRESSE</i>			From ■ To ■
CITY	STATE / PROVINCE	ZIP / POSTAL CODE	SALARY ■
TYPE OF BUSINESS			SUPERVISOR'S NAME ■
REASON FOR LEAVING			TITLE
			TELEPHONE () -

3 NAME & ADDRESS OF PRESENT OR MOST RECENT EMPLOYER			YOUR JOB TITLE ■
NAME			PERIOD OF EMPLOYMENT ■
ADDRESS			From ■ To ■
CITY	STATE / PROVINCE	ZIP / POSTAL CODE	SALARY ■
TYPE OF BUSINESS			SUPERVISOR'S NAME ■
REASON FOR LEAVING			TITLE
			TELEPHONE () -

FOR EMPLOYMENT REFERENCES, MAY WE CONTACT:		
1 YOUR PRESENT or LAST EMPLOYER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2 YOUR PRESENT or LAST EMPLOYER? ■	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3 YOUR PRESENT or LAST EMPLOYER? ■	<input type="checkbox"/> YES	<input type="checkbox"/> NO
LIST OTHER REFERENCES ON A SEPARATE SHEET		

SPECIAL SKILLS, EXPERIENCE and/or TRAINING	

Please read carefully before signing.

National Coatings & Supplies is an equal opportunity employer. National Coatings & Supplies does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for National Coatings & Supplies to hire me. If I am hired, I understand that either National Coatings & Supplies or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of National Coatings & Supplies has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to National Coatings & Supplies true and complete information on this application. No requested information has been concealed. I authorize National Coatings & Supplies to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

SIGNATURE

DATE