

Employment Application

Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.	Date of Interview (Month/Day/Year): / /
Applicant Data	Position Applied for:
How were you referred to us:	

Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Mobile/Pager/Other: _____ E-mail: _____

Date Available to Start: _____ Social Security Number: - - Salary Requirements: _____

If you are under 18 years of age, can you provide a work permit? Yes No If no, please explain: _____

Have you ever worked for this company? Yes No If yes, when? _____

Are you legally allowed to work in the United States? Yes No

Answering yes to these questions does not constitute an automatic rejection for employment.

Type of employment desired: Full-Time Part-Time Temporary Seasonal

Driver's license number (if applicable to position): _____ State: _____

Education History

Name & Location of High School: _____ Did you graduate? _____

Name & Location of College: _____ Years attended: _____

Degrees completed: _____ Other Subjects Studied: _____

Trade, Business or Correspondence School: _____ Years attended: _____

Subjects Studied: _____ Did you graduate: _____

Summarize Your Special Skills or Qualifications

Previous Employment (begin with most recent position)

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes 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 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. 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."

Signature of Applicant: _____ Date: _____

This application for employment is sold only for general use throughout the United States. TOPS assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state, and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.

FAIR CREDIT REPORTING ACT

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

As an applicant for employment or a current employee of **Quality Linings & Painting, Inc.**, you are a consumer with rights under the Fair Credit Reporting Act. In the event any of the following circumstances exist, **Quality Linings & Painting, Inc.**, choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you when: (1) considering your application for employment, (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment (if you are hired), or (4) making other employment-related decisions directly affecting you.

Our *consumer reporting agency* is Mountain States Employers Council, Inc. at PO Box 539, Denver, CO 80201, toll free 800.884.1328, which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer information on consumers for the purpose of furnishing consumer reports to others, such as **Quality Linings & Painting, Inc.**.

A *consumer report* means any written, oral or other communication of any information by a consumer reporting agency bearing on your character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An *investigative consumer report* means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

NOTE: Please send Page 1 and 2 of FCRA Disclosure & Authorization to MSEC when submitting a screening order.

AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents.

Quality Linings & Painting, Inc., ("the Company") may obtain information about you for employment purposes from the following consumer reporting agency ("the Agency"), Mountain States Employers Council, Inc., PO Box 539, Denver, CO 80201, toll free 800-884-1328.

By signing below, I hereby voluntarily authorize **Quality Linings & Painting, Inc.**, to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment at **Quality Linings & Painting, Inc.**, I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

I voluntarily authorize all persons, including current and former employers and supervisors, educational institutions, law enforcement agencies, motor vehicle departments, and municipal, state, and federal courts to release information they may have about me to **Quality Linings & Painting, Inc.**,. I understand that if I am employed by **Quality Linings & Painting, Inc.**, this authorization shall remain in effect throughout my employment. This report may be delivered in either written or electronic form.

California applicants or employees only:

Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. By signing below you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

Massachusetts, and New Jersey applicants or employees only:

You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

Minnesota applicants or employees only:

You have the right, upon written request to the Agency, to receive a complete and accurate disclosure of the nature and scope of any consumer report. The Agency must make this disclosure within five days of receipt of your request or of the Company's request for the report, whichever is later. Please check the box if you would like to receive a copy of a consumer report if one is obtained by the Company.

New York applicants or employees only:

You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oklahoma applicants or employees only:

Please check this box if you would like to receive a copy of any report if one is obtained by the Company.

Pennsylvania applicants or employees only:

By signing below you acknowledge that consideration of a criminal record will be tailored to the requirements of the job.

Washington applicants or employees only:

You have the right to receive a complete and accurate disclosure of the nature and scope of any investigative consumer report as well as a written summary of your rights and remedies under Washington law.

Signature

Date

Printed Name

Email Address

Social Security Number

Date of Birth

NOTE: Please send Page 1 and 2 of FCRA Disclosure & Authorization to MSEC when submitting a screening order.

Permission for Release of Motor Vehicle Records

I hereby authorize the release of my Motor Vehicle Records from the State of _____.

Information regarding Colorado Driver's License: Colorado Motor Vehicle Records are maintained by the Colorado Department of Revenue, Motor Vehicle Division pursuant to the Driver's Privacy Protection Act (18 USC 2721) and Colorado law (42-72-204, 42-1-206, 42-3-125 CRS). Record information available at Drivers License offices and 1881 Pierce St. All other requests available only at 1881 Pierce St., Lakewood, CO.

Printed Name: _____

Signature: _____ Date: _____

Date of Birth: _____ Driver's License Number: _____

State Driver's License Issued: _____ License Type: _____

Purpose for which records are released: _____

Requestor's Name: Zandy Ahern

Company: Employers Council

Address: 1799 Pennsylvania Street

City: Denver State: Colorado Zip code: 80203



DRUG-FREE WORKPLACE POLICY

Quality Linings & Painting, Inc. is committed to protecting the safety, health and well being of all employees and other individuals in our work place. We recognize that alcohol abuse and drug use pose a significant threat to our goals. With this in mind we have established a drug-free policy.

Any individual, who conducts business for the organization or **is applying for a position**, is covered by our drug-free workplace policy. Our drug-free workplace policy is intended to apply whenever anyone is representing or conducting business for the organization. Therefore, this policy applies during all working hours and while on organization property.

It is a violation of our drug-free workplace policy to use, possess, sell, trade, and/or offer for sale alcohol, illegal drugs or intoxicants.

EACH APPLICANT AS A CONDITION OF EMPLOYMENT WILL BE REQUIRED TO PARTICIPATE IN A DRUG TEST. IN THE CASE, THAT HE OR SHE VIOLATES THE DRUG-FREE WORKPLACE POLICY, THE OFFER OF EMPLOYMENT WILL BE WITHDRAWN AND THE APPLICANT MAY NOT REAPPLY.

I understand that the company will require a drug screen test.

Applicants Name: _____ Date: _____

Applicants Signature: _____

Quality Linings & Painting Inc.
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