



Revision: 8/13

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Application for Employment

PLEASE PRINT CLEARLY USING A PEN

TODAY'S DATE: _____

FULL NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____

PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

VALID DRIVERS LISCENSE NUMBER _____ STATE _____

DOES THIS LISCENSE QUALIFY YOU TO OPERATE OTHER VEHICLES OTHER THAN A NORMAL PASSENGER VEHICLE?

YES NO IF YES, PLEASE EXPLAIN _____

Are you at least 18 years of age? YES NO

EMPLOYMENT INFORMATION

POSITION DESIRED _____ WAGE DESIRED _____

CURRENTLY EMPLOYED? YES NO AVAILABILITY _____

HAVE YOU EVER APPLIED WITH THIS COMPANY BEFORE? YES NO

IF YES, WHEN? _____

HAVE YOU EVER WORKED WITH THIS COMPANY BEFORE? YES NO

IF YES, WHEN? _____

PREVIOUS EMPLOYMENT	START DATE	END DATE	EMPLOYER'S NAME	BEGINNING SALARY	ENDING SALARY	REASON FOR LEAVING

GENERAL INFORMATION:

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? YES NO

IF YES, PLEASE EXPLAIN _____

ARE YOU ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES NO

IF NO, PLEASE EXPLAIN _____

DO YOU KNOW ANYONE EMPLOYED BY MCCONNELL PAINTING CORPORATION?

YES NO IF YES, WHOM? _____

WHY SHOULD YOU BE HIRED TO WORK AT MCCONNELL PAINTING CORPORATION?

DO YOU HAVE ANY SPECIAL SKILLS? (I.E. TAPE & FLOAT, HANGING WALLCOVERING, SANDBLASTING, ETC.)

IF SO, PLEASE LIST _____

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING? YES NO

IF NO, DESCRIBE THE FUNCTIONS YOU CANNOT PERFORM _____

DO YOU HAVE ANY PHYSICAL OR EMOTIONAL ILLNESSES THAT MAY AFFECT YOUR JOB PERFORMANCE? YES NO

IF YES, PLEASE EXPLAIN _____

IF HIRED, WILL YOU COMPLY WITH MCCONNELL PAINTING CORPORATION'S DRESS CODE? YES NO

CAN YOU GO 8 HOURS WITHOUT YOUR CELL PHONE EXCEPT FOR BREAKS AND LUNCH? YES NO

DO YOU HAVE DEPENDABLE TRANSPORTATION? YES NO

HAVE YOU RECEIVED ANY FORMAL TRAINING IN THE PAINTING INDUSTRY?

YES NO IF YES, PLEASE EXPLAIN _____

AGREEMENTS, RELEASE, & MEDICAL AUTHORIZATION

PERSON TO CONTACT IN CASE OF EMERGENCY _____

RELATIONSHIP TO APPLICANT _____

HOME PHONE NUMBER _____ CELL NUMBER _____

PLEASE READ THE FOLLOWING ITEMS CAREFULLY AND SIGN AT THE BOTTOM.

1. I certify that all statements given on this application are correct and realize the falsification or misrepresentation of any information may result in immediate termination of employment
2. I understand that McConnell Painting Corporation is a drug-free company; and as an employee, I agree to submit to pre-employment drug testing and random drug testing during the period of my employment.
3. I recognize that McConnell Painting Corporation is an equal opportunity employer and all applicants receive lawful consideration for employment without regard to race, religion, color, sex, age, national origin, disability, or veteran status.
4. I understand if I break, lose, or otherwise damage McConnell Painting Corporation equipment due to negligence, I may be held responsible for payment to replace or repair the damaged equipment. I acknowledge that the amount will be deducted from my paycheck.
5. I hereby authorize McConnell Painting Corporation to see medical treatment for injuries or illnesses sustained by employee during the course of my employment at McConnell Painting Corporation.
6. I understand that McConnell Painting Corporation requires all of its employees to act in the best interest of McConnell Painting at all times. It is my responsibility to, and I will, observe all rules, policies, operating procedures, and directives of McConnell Painting and behave with courtesy and respect toward other employees, customers, and members of the public.

Employee Signature

Date

Print Employee Name:

First

Middle Initial

Last