

# APPLICATION

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status. As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply. Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation. This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. YOUR COOPERATION IS VOLUNTARY.

(PLEASE PRINT) SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Application Date \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
FIRST MIDDLE LAST AREA CODE

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Position(s) Applied For \_\_\_\_\_ Union Journey Worker \_\_\_\_\_ Union Apprentice \_\_\_\_\_  
(Union Apprenticeship Completed)

Referral Source:  Advertisement  Friend  Relative  Walk-in  Union  Other  
 Employment Security  Other Employment Agency \_\_\_\_\_  
Please Specify

### Voluntary Survey

Government agencies at times require periodic reports on the sex, ethnicity, disabled, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. SUBMISSION OF INFORMATION IS VOLUNTARY.

Check One:  Female  Male

Race:  Asian  Pacific Islander  Black  Hispanic  American Indian/Alaskan Native  White  Two or more races

Caucasian: (Not of Hispanic Origin) - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black: (Not of Hispanic Origin) - All persons having origins in any of the Black racial groups of Africa.

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This area includes, for example, China, India, Japan, Korea, the Philippine Islands.

Pacific Islander: All persons having origins in any of the original peoples of the Pacific Islands. This area includes, for example, Samoa.

American Indian/Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Handicap/Disability: Do you have a handicap/disability which may affect your ability to perform your job?  Yes  No  
 If yes, please identify any accommodations we may make which would better enable you to perform your job: \_\_\_\_\_

**Armed Forces Service Medal Veteran:** Did you serve on active duty in any of the armed forces of the United States for which an Armed Forces service medal was awarded?  Yes  No

**Other Veteran:** Have you served in a "war", campaign or on an expedition for which a campaign badge has been awarded?  Yes  No If Yes, Please advise which "war", campaign, or expedition \_\_\_\_\_

**Disabled Veteran:** Are you entitled to disability compensation under laws administered by the Veteran's Administration, or a person whose discharge or release from active military duty was for a disability incurred or aggravated in the line of duty?  Yes  No

**Recently Separated Veteran:** Were you discharged or released from active duty during the last 3 years?  Yes  No

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Qualified applicants receive consideration for employment without discrimination because of sex, marital status, sexual preference, race, color, creed, national origin, age, or the presence of a non-job-related handicap.

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. False statements on this application form shall be considered sufficient cause for termination.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

SOCIAL SEC.# \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_  
 No. Street City State Zip

TELEPHONE: ( ) \_\_\_\_\_

POSITION / TYPE OF EMPLOYMENT DESIRED: \_\_\_\_\_

Are you a member of a Union?  Yes  No If yes, what Trade? \_\_\_\_\_ Local# \_\_\_\_\_

\*\*If no: Field personnel must join within 7 days of being hired.

Have you worked for us before?  Yes  No If yes, when? \_\_\_\_\_

Have you applied for work with us before?  Yes  No If yes, when? \_\_\_\_\_

Why did you apply at this company? \_\_\_\_\_

Employee Referral? (Name of Employee) \_\_\_\_\_

Name of relatives employed by this company: \_\_\_\_\_

Are you willing to work out of State? \_\_\_\_\_

**EDUCATIONAL BACKGROUND:** (Circle last year attended) Major

High School: \_\_\_\_\_ 1 2 3 4 Graduated? \_\_\_\_\_

College: \_\_\_\_\_ 1 2 3 4 Graduated? \_\_\_\_\_

Other Training: \_\_\_\_\_  
 (Include Apprenticeship)

Are you willing to do: High work?  Swingstage?  Confined Space?

Do you have a current first aid card?  Yes  No CPR card?  Yes  No If yes to either, please provide. |

Reliable transportation?  Yes  No

Have you worked for a Department of Transportation (DOT) regulated company within the past two years?  
 Yes  No

**APPLICANT DO NOT WRITE INSIDE THIS BOX.**

Interviewer's Comments:

Starting Date: \_\_\_\_\_ Pay Rate Assigned \_\_\_\_\_ Supt. Sig. \_\_\_\_\_

# APPLICATION

Professional Background:      Foreman     Journeyman     Apprentice, Bracket # \_\_\_\_\_

Check areas in which you have had experience:

- |   |  |
|---|--|
| <input type="checkbox"/> Residential & Light Commercial _____ Years Experience    | <input type="checkbox"/> Industrial _____ Years Experience     |
| <input type="checkbox"/> Commercial _____ Years Experience                        | <input type="checkbox"/> Marine/Ships _____ Years Experience   |
| <input type="checkbox"/> Lead Man _____ Years Experience                          | <input type="checkbox"/> Foreman _____ Years Experience        |
| <input type="checkbox"/> Own Business _____ Years Experience                      | <input type="checkbox"/> Superintendent _____ Years Experience |
| <input type="checkbox"/> Forklift _____ Years Experience / Current Certification? | <input type="checkbox"/> Yes <input type="checkbox"/> No       |

Check areas in which you are skilled:

- |   |  |
|---|--|
| <input type="checkbox"/> Roller _____ Years Experience                        | <input type="checkbox"/> Spray _____ Years Experience          |
| <input type="checkbox"/> Plaster _____ Years Experience                       | <input type="checkbox"/> Paper Hanging _____ Years Experience  |
| <input type="checkbox"/> Painting _____ Years Experience                      | <input type="checkbox"/> Estimating _____ Years Experience     |
| <input type="checkbox"/> Hand Taping _____ Years Experience                   | <input type="checkbox"/> Machine Taping _____ Years Experience |
| <input type="checkbox"/> Scaffolding _____ Years Experience                   | <input type="checkbox"/> Rigging _____ Years Experience        |
| <input type="checkbox"/> Special Coatings _____ Years Experience, Types _____ |  |

Other \_\_\_\_\_, \_\_\_\_\_ Years Experience

Describe other related skills \_\_\_\_\_

Do you smoke? \_\_\_\_\_

Do you have any physical, mental or sensory limitations, or disabilities, to assist us in placement? \_\_\_\_\_

If yes, describe \_\_\_\_\_

While Zelinsky Company provides protective equipment for you, the field of painting can expose to you thinners, solvents, epoxies, and other toxic vapors and dusts. Do you have a current medical condition that we need to be made aware of and thereby accommodate to reduce your exposure to hazardous chemicals? \_\_\_\_\_

If yes, describe \_\_\_\_\_

Do you have any activities, commitments or responsibilities, which may prevent you from meeting work attendance requirements? \_\_\_\_\_ If yes, describe \_\_\_\_\_

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**PREVIOUS EMPLOYERS**

(Please List Your Most Recent Employer First)

	<u>Job Title</u>	<u>From</u>	/	<u>To</u>
1. Name _____	_____	_____	/	_____
Address _____	Hourly Rate/Salary \$ _____	per _____		
_____	Reason for Leaving _____			
Phone Number _____	Name of Supervisor _____			

	<u>Job Title</u>	<u>From</u>	/	<u>To</u>
2. Name _____	_____	_____	/	_____
Address _____	Hourly Rate/Salary \$ _____	per _____		
_____	Reason for Leaving _____			
Phone Number _____	Name of Supervisor _____			

	<u>Job Title</u>	<u>From</u>	/	<u>To</u>
3. Name _____	_____	_____	/	_____
Address _____	Hourly Rate/Salary \$ _____	per _____		
_____	Reason for Leaving _____			
Phone Number _____	Name of Supervisor _____			

**PERSONAL REFERENCES:** (Not Relatives)

	Phone Number
1. _____	_____
2. _____	_____

Have you been convicted of a felony within the last 7 years? \_\_\_\_\_ If yes, describe in full \_\_\_\_\_

(A conviction will not necessarily bar you from employment.)

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by a company to which you applied for in the past 2 years?  Yes  No

Have you worked on Military facilities? (i.e. Schofield, Us Coast Guard)  Yes  No

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PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY:

**Applicant agrees to the following conditions of employment:**

1. A pre-placement health evaluation, if required, including laboratory testing for drug or alcohol use prior to employment.
2. Submitting proof of citizenship or immigration status upon employment.
3. Completing and executing surety bond application, if required.
4. Meeting attendance and performance requirements.
5. Conforming to the policies and procedures of the company rules, regulations and instructions.
6. Testing for illicit substances as per the policy statement published by the Company.
7. Applicant understands that employment is based on specific project needs and may be terminated or require layoff as the project work force needs dictate.
8. Applicant understands that any employee who personally or as a result of instructions to his/her subordinate(s) pollutes or causes the possibility of injury or damage to the environment, persons or property, in complete disregard of common sense and/or applicable company, local, state and/or federal laws or regulations, shall be subject to immediate dismissal.

I certify that the all facts and statements in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omission of fact either on this application or during the pre-employment process will result in my application being rejected, or, if I am hired, in my employment being terminated.

I understand that in accepting this application, the company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. **I hereby understand & acknowledge that, unless otherwise defined by applicable law, any employment relationship with Zelinsky Painting Co. is of an "at will" nature, which means that you may resign at any time and Zelinsky Painting Co. may discharge you at any time with or without cause.** It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the board of directors.

I have been advised that The Zelinsky Company may request an investigative consumer report to be prepared on all information contained herein. I hereby give consent for a consumer report for employment purposes. I hereby authorize, without reservation, any law enforcement agency, administrator, state agency, state repository, former employer, corporation, credit agency, educational institution, city, state, federal court, military institution, information service bureau, or employer contacted by The Zelinsky Co. to furnish any and all information. I do understand the investigation will include information from law enforcement agencies, state agencies and public records information, such as credit, social security, criminal, and motor vehicle. This report will include information as to my character, work habits, performance and experience, along with the reasons for termination or past employment from previous employers. My signature below releases any aforesaid parties from any liability and responsibility for collecting the above information at any time.

If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

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## TOOLS OF THE TRADE (REQUIRED)

1. One putty knife
2. One broad knife
3. One duster
4. One claw hammer
5. One large and one small screwdriver (flat & Phillips)
6. One pair standard pliers
7. Razor blade holder
8. Toolbox with lock
9. Two crescent wrenches
10. Paint brushes
11. 2-4 extension pole
12. Caulking gun
13. Roller handles
14. A clean uniform of the painting craft (whites pants & Zelinsky Company shirt)

Acknowledged by: \_\_\_\_\_

(Printed name) (Signature) (Date)

Please contact your superintendent with any questions. Thank you.