



# Application for Employment

Today's date \_\_\_\_\_

## Application for (check one)

- Distribution Specialist (delivery)
- Sales Associate (counter sales)
- Warehouse Assistant
- Administrative Assistant
- Other (please describe) \_\_\_\_\_
- Color Specialist
- Outside Sales Associate
- Manager

**Status:**  Full time  Part time Date available to work \_\_\_\_\_

***Ben's Paint Supply is an equal opportunity employer. We consider applicants for all positions on the basis of qualifications only and without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation, use of lawful products during non-work hours and any other legally protected status.***

## Personal Information (please print)

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_  
*(Is your Driver's License a CDL? Yes No If so, what Class? A B C If C, HazMat endorsed? Yes No Note: A Commercial Driver's License is NOT normally a requirement for employment)*

Social Security No. \_\_\_\_\_  
*(Not mandatory, but will be requested for background check pre-hire if you become a finalist for the position)*

Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing address (if different): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Contact Information

Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency phone \_\_\_\_\_ E-mail \_\_\_\_\_

(Circle one)

- Are you currently employed? Yes No
- If yes, may we contact your present employer for references? Yes No
- Are you legally qualified to work in the United States?  
*(proof of citizenship or immigration status will be required upon employment)* Yes No
- Have you ever been convicted of a felony? Yes No
- Are you 18 or older? Yes No
- Have you ever worked under another name? **Yes No** If yes, give name \_\_\_\_\_
- Are you bilingual? **Yes No** If yes, list second speaking language \_\_\_\_\_

**Employment Experience (list most recent first)**

Employer \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job title \_\_\_\_\_ Type of work \_\_\_\_\_  
Final pay \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job title \_\_\_\_\_ Type of work \_\_\_\_\_  
Final pay \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**Education**

High School:  
Name and location \_\_\_\_\_

Graduated? Yes No If yes, when? \_\_\_\_\_

College:  
Name and location \_\_\_\_\_

Graduated? Yes No If yes, when? \_\_\_\_\_ Degree \_\_\_\_\_

Military, Technical or Other Education (describe) \_\_\_\_\_  
\_\_\_\_\_

I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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, 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. I hereby consent to obtaining the above information from previous employers and other authorized agents.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**