





## **Application for Employment**

Contact Information			
Last Name:	First Name:	MI:	Social Security No:
Street Address:			Telephone Number: ( ) -
City:	State:	Zip Code:	
Emergency Contact			
Name:	Relation:	Telephone Numb	er: ( ) -
How did you hear about Linton Paint	& Body's Career Opportunity?		
( ) Online	( ) Website		
( ) Employee / Name:	( ) Previously Employed with us?	Dates you were em	ployed by us: / thru /
Preferences			
Position Applying For: ( ) Body	/ Tech ( ) Refinishing Tech ( ) Offic	ce ( ) Other:	
Desired Salary: \$	Available to Start Working: / /		
Employee Eligibility			
Are you legally eligible for employmen	nt in the United States?		( ) Yes ( ) No
Are you of legal age to work in the Un	ited States?		( ) Yes ( ) No
	of a criminal record will not automatically disqualif	y you from the job from v	vhich you are applying.
Do you have a valid driver's license?	( ) Yes ( ) No State:	Number:	
Have you ever been convicted of a felo	ony?*		( ) Yes ( ) No
If yes, for what have you been convict	ed, when and where?		
Education			
School Name & Location	Course of Study	Dates Attended	Graduated? Diploma/Degree
High		/ /	Yes / No
College			
Or Other		/ /	Yes / No

Linton Paint & Body is an Equal Opportunity Employer. Linton Paint & Body does not discriminate against applicants or employees on the basis of race, color, sex, religion, national origin, veteran status, handicap, or other protected classification. This policy of non-discrimination extends to all terms, conditional and privileges of employment and to all personnel actions.

## **Employment History**

Please list your employment history starting with the most recent.

Company Name:	Telephone Number: ( ) -
Address:	Supervisor's Name:
Job Title:	Dates Employed: / / to / /
Job Responsibilities:	
Starting Salary: \$	Ending Salary: \$
	Lituing Salary. 5
Reason for Leaving:	
May we contact your Supervisor for Reference?	
Company Name:	Telephone Number: ( ) -
Address:	Supervisor's Name:
Job Title:	Dates Employed: / / to / /
Job Responsibilities:	
Starting Salary: \$	Ending Salary: \$
	Lituing Salary. 5
Reason for Leaving:	
May we contact your Supervisor for Reference?	
Company Name:	Telephone Number: ( ) -
Company Name:  Address:	Telephone Number: ( ) - Supervisor's Name:
Address:	Supervisor's Name:
Address:  Job Title:  Job Responsibilities:	Supervisor's Name:  Dates Employed: / / to / /
Address:  Job Title:  Job Responsibilities:  Starting Salary: \$	Supervisor's Name:
Address:  Job Title:  Job Responsibilities:	Supervisor's Name:  Dates Employed: / / to / /
Address:  Job Title:  Job Responsibilities:  Starting Salary: \$	Supervisor's Name:  Dates Employed: / / to / /
Address:  Job Title:  Job Responsibilities:  Starting Salary: \$  Reason for Leaving:	Supervisor's Name:  Dates Employed: / / to / /
Address:  Job Title:  Job Responsibilities:  Starting Salary: \$  Reason for Leaving:  May we contact your Supervisor for Reference?	Supervisor's Name:  Dates Employed: / / to / /  Ending Salary: \$
Address:  Job Title:  Job Responsibilities:  Starting Salary: \$  Reason for Leaving:  May we contact your Supervisor for Reference?  Company Name:	Supervisor's Name:  Dates Employed: / / to / /  Ending Salary: \$  Telephone Number: ( ) -
Address:  Job Title:  Job Responsibilities:  Starting Salary: \$  Reason for Leaving:  May we contact your Supervisor for Reference?  Company Name:  Address:	Supervisor's Name:  Dates Employed: / / to / /  Ending Salary: \$  Telephone Number: ( ) -  Supervisor's Name:
Address:  Job Title:  Job Responsibilities:  Starting Salary: \$  Reason for Leaving:  May we contact your Supervisor for Reference?  Company Name:  Address:  Job Title:  Job Responsibilities:	Supervisor's Name:  Dates Employed: / / to / /  Ending Salary: \$  Telephone Number: ( ) -  Supervisor's Name:  Dates Employed: / / to / /
Address:  Job Title:  Job Responsibilities:  Starting Salary: \$  Reason for Leaving:  May we contact your Supervisor for Reference?  Company Name:  Address:  Job Title:  Job Responsibilities:  Starting Salary: \$	Supervisor's Name:  Dates Employed: / / to / /  Ending Salary: \$  Telephone Number: ( ) -  Supervisor's Name:
Address:  Job Title:  Job Responsibilities:  Starting Salary: \$  Reason for Leaving:  May we contact your Supervisor for Reference?  Company Name:  Address:  Job Title:  Job Responsibilities:	Supervisor's Name:  Dates Employed: / / to / /  Ending Salary: \$  Telephone Number: ( ) -  Supervisor's Name:  Dates Employed: / / to / /

Skills/Qualifications		
Are there any other experiences, skills, or qualifications w computer experience, estimating experience, technician's	hich you fell would especially qualify you for work at Lintor certification, etc.)	n Paint & Body? (Example:
Why would you like to work at Linton Paint & Body?		
willy would you like to work at Linton Faint & Body:		
References:		
Business/Professional References (Not Relatives)		
Name, Occupation and Company	Address	Phone Number
		( ) -
		( ) -
		( ) -
Personal References (no Relative)		
Name, Occupation and Company	Address	Phone Number
		( ) -
		( ) -
		,
		( ) -

## **Applicant's Statement**

Please read before signing

By signing my name below, I certify that all statements made on this application are true and complete to the best of my knowledge. I have-not withheld any information requested on this form.

I authorize Linton Paint & Body, to contact each of my employers, except those indicated, as well as schools and law enforcements agencies to obtain information needed to consider me for employment. I understand that misrepresentation or omission of this information can affect the outcome of the decision to be hired or cause termination of employment.

I hereby understand and acknowledge that nothing contained in this employment application or the granting of an interview is intended to create an employment contract between Linton Paint & Body and myself for either employment or the promise of any benefit. No promises regarding continued employment have been made to me. I understand that such promises or guarantees from Linton Paint & Body are not binding unless in writing.

X			
Applicant's Signature			
/			
Please read, complete, sign, and date the following stateme	nt.		
I give permission for verification of my driver's license record	d, which I accept as a possible condition	on of employment.	
Driver's License Number:	State:	Expiration Date:	1 1
_X			
Applicant's Signature			
/			