

## CUSTOM VINYL PRODUCTS APPLICATION FOR EMPLOYMENT

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including but not limited to, race, age, color, religion, sex, national origin, citizenship, ancestry, physical or mental disability, veteran status or any other basis recognized by federal, state, or local law.

### PERSONAL BACKGROUND

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First M. I.

Present Address \_\_\_\_\_  
Street City State Zip code

Phone No. (\_\_\_\_) \_\_\_\_\_ Referred by \_\_\_\_\_

Position Applying for \_\_\_\_\_ Date you can start \_\_\_\_/\_\_\_\_/\_\_\_\_

Full time  Part time  Specify Hours \_\_\_\_\_ Salary Desired \_\_\_\_\_

Is there any reason we may not inquire of your present employer or prior employers? If yes, please explain:  
 \_\_\_\_\_

Have you ever applied to this company before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Are you willing to work overtime? Yes  No

If driving is a requirement of the job for which you are applying, do you have a valid driver's license? Yes  No

If you are a minor, can you produce the work certificate necessary to obtain employment? Yes  No

Are you able, at the time of employment to submit verification of you legal right to work in the U.S.? Yes  No   
 (Verification and completion of Form 1-9 must be submitted no later than three business days after date of hire.)

Have you ever been convicted of a felony which is substantially related to the functions or qualifications of the position(s) for which you are applying? Yes  No

Note: This question does not apply to convictions, which have been expunged, sealed, pardoned or otherwise exonerated or eradicated. (A conviction record will not necessarily be a bar to employment.)

If yes, please describe fully the criminal conviction(s), listing the nature of the offense(s) and your rehabilitation since the conviction(s).  
 \_\_\_\_\_

EDUCATIONAL BACKGROUND	NAME AND LOCATION OF SCHOOL	CIRCLE HIGHEST GRADE COMPLETED	MAJOR AREA OF STUDY
High School		9 10 11 12 GED	
College		1 2 3 4	
Trade, Business or Graduate School			

**WORK EXPERIENCE**

Please list below your last four employers, starting with your present or last place of employment. You may include any verifiable work performed on a volunteer basis, internship, or military service.

Date Mo./Yr.	Name, Address and Phone # of Employer	Salary	Position	Name of Supervisor	Reason for Leaving
Fr					
To					
Fr					
To					
Fr					
To					
Fr					
To					

**REFERENCES**

Please give the names of three additional work-related references whom we may call. Please do not list relatives. Individuals with no prior work experience may list school or volunteer-related references.

Name & Position	Company	Telephone Number
1. _____		
2. _____		
3. _____		

**APPLICANT CERTIFICATION – PLEASE READ CAREFULLY**

I understand that this application is not a contract, offer or promise of employment. I acknowledge that employment with the company is on an employment at will basis. This means that my employment with the company can be terminated at any time, with or without cause or advance notice and acceptance of employment is not a contract of employment for any specified time. Similarly I am free to terminate my employment with the company at any time for any reason. This at-will provision may be modified or waived only in a written agreement signed by the company’s president and me.

I further understand that I am responsible for being familiar with the Company’s policies, rules and regulations, and I understand that the company has complete discretion to modify its policies, rules, regulations and practices at any time, to the extent permitted by federal, state and local law, except that it will not modify its policy of employment at will. By my continued employment with the Company, I consent to any such changes.

I certify that the above information is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation or omission of information on this form or relating to application of employment may result in my denial of employment, or if employed, my immediate dismissal.

I hereby authorize the company or its agents to confirm all statements contained in this application and/or resume to the extent permitted by federal, state or local law and I agree to complete any requisite authorization forms.\* I release all parties from any liability arising out of this provision and the use of such information.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Federal law requires a separate release form when obtaining Consumer Credit Reports.

Please e-mail completed application to: [dpeinado@customvinyl.net](mailto:dpeinado@customvinyl.net).