

CPS OF NWA, INC CHUCK'S PAINT SERVICE

Employment Application

Application Date: _____

APPLICANT INFORMATION

Last Name				First				M.I.	
Street Address							Apartment/Unit #		
City				State				ZIP	
Phone				E-mail Address					
Date Available				Social Security No.				Desired Salary	
Position Applied for									
Are you a citizen of the United States?	YES	NO	Can you, upon employment, provide proof of legal right to work in the U.S.?	YES	NO				
How many hours can you work a week?	Can you work nights?			Are you willing to travel?					
Are you willing to travel?				Availability Schedule:	NO PREF: _____	SUN: _____			
				MON: _____	TUE: _____	WED: _____			
				THUR: _____	FRI: _____	SAT: _____			
Do you have a valid driver's license?	DL # _____ STATE _____ EXP _____ TYPE _____								
Have you had any accidents in the past 3 years?				Have you had any moving violations in the last 3 years?					
Have you ever worked for this company?	YES	NO	If so, when?						
Have you ever been convicted of a felony?	YES	NO	If yes, prove the nature of offense, conviction dates, sentencing imposed and dates of rehabilitation in the space provided below.						

EDUCATION

High School				Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College				Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other				Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			

REFERENCES

Please list at least two references who can verify your work experience.

Full Name				Relationship				
Company				Phone				
Address								
Full Name				Relationship				
Company				Phone				
Address								

PREVIOUS EMPLOYMENT

Company	Phone
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES NO

Company	Phone
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact this employer for a reference? YES NO

Company	Phone
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact this employer for a reference? YES NO

May we contact your current employer for a reference? YES NO

Did you complete this application by yourself? YES NO If not, who did?

QUALIFICATIONS

Use the space below to provide additional information that describes your full qualifications for the position for which you are applying. Please be specific.

MILITARY SERVICE

Branch	From	To
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Rank at Discharge	Type of Discharge
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If other than honorable, explain

DISCLAIMER AND SIGNATURE. PLEASE READ THE FOLLOWING CAREFULLY

In exchange for the consideration of my job application by CPS of NWA, Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of CPS of NWA, Inc. or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and CPS of NWA, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise stated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with the additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant: _____

Date: _____

This Company is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.