

# Harris & Ruth

## Painting Contracting

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CA License No. 271139  
NV License No. 16509  
AZ License No. ROC21934

2107 W. San Bernardino Road  
West Covina, CA 91790-1007

### APPLICATION FOR EMPLOYMENT

TO APPLICANT: The Civil Rights Act of 1964 prohibits discrimination in employment practices because of race color, religion, sex, or national origin. The information requested on this application is needed for occupational qualification, business necessity or other permissible reasons. We are AN EQUAL OPPORTUNITY EMPLOYER.

We appreciate your interest in our company and assure you that we are interested in your qualifications. Use of this blank does not indicate there are any positions open and does not in any way obligate the company.

Today's Date: \_\_\_\_\_ Available Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
City/State: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Although physical disabilities do not prevent your employment with this company, you may be required to carry out some tasks that involve your physical abilities. Due to these requirements, please answer this section:

If you are applying for a painting position, can you show proof of completion of the OSHA 10-hour Training Course?  Yes  No

If you are applying for a supervisory position, can you show proof of completion of the OSHA 30-hour Training Course?  Yes  No

Correctable vision of 20/40 in at least one eye may be required for employment. Will you, upon hire, show us your driver's license as proof of adequate eye sight? .....  Yes  No

Lifting of items up to 50 pounds may be required in the course of your employment. Are you able to do that? .....  Yes  No

Are you able to stand on your feet during an entire work shift?.....  Yes  No

What method of transportation will you use to get to work? .....

Any limitations as to where your work will be located? .....

Are you willing to work any day, shift, or hours assigned by the company? .....  Yes  No

Are you willing to take a voluntary drug screen? .....  Yes  No

Starting Wage Desired: \_\_\_\_\_ After 90-day trial period: \_\_\_\_\_

### EMPLOYMENT HISTORY

EMPLOYERS NAME AND ADDRESS	KIND OF WORK	WAGE	DATE STARTED	DATE LEFT	REASON FOR LEAVING

Information provided is true, correct, and complete. If employed, any misstatement or omission of fact on this application can result in my dismissal.

Date: \_\_\_\_\_  
Applicant Name (please print) \_\_\_\_\_ Applicant Signature \_\_\_\_\_