



Pre-Employment Application

This completed application form will be used as an indication of your communication and organizational skills.

Name: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

List your last three (3) employers:

1. Company Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Employed from: _____ To: _____

Position: _____ Reason for leaving: _____

2. Company Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Employed from: _____ To: _____

Position: _____ Reason for leaving: _____

3. Company Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Employed from: _____ To: _____

Position: _____ Reason for leaving: _____

Education and Certificates: List schools, highest grade completed, and field of study or degree:

High School: _____ Highest grade completed: _____

College: _____ Years completed: _____ Degree: _____

Trade School: _____ Certificates: _____

Check the types of work you have experience in:

Commercial: _____ How long: _____ Industrial: _____ How long: _____

Marine : _____ How long: _____ New Construction: _____ How long: _____

Custom Homes: _____ How long: _____ Custom Stain/Finish: _____ How long: _____

Spraying (airless) : _____ How long: _____ Spraying (conventional) : _____ How long: _____

Brush & Rolling: _____ How long: _____ Blasting: _____ How long: _____

How many total years of experience do you have? _____

List specific equipment you have worked with (i.e. staging, pumps, lifts, etc.)

List special coatings you have worked with: _____

What tools do you have? _____

Are you looking for full time work? _____ Part time work? _____

Are you a Union member? _____ If yes, which Local? _____

What was your hourly rate on your last job? _____ Do you have reliable transportation? _____

Do you have a valid drivers license? _____ State in which your license was issued: _____

Have you ever been convicted of a Felony offense? _____ If yes, please explain: _____

Do you have additional comments or information that you feel would be helpful to us in making our evaluation?

Referred by: _____

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

Applicants Signature: _____ Date: _____

Social Security Number: _____ Driver's License Number: _____

Applicant Release

I understand that if a job offer is made to me, it will be contingent upon successfully passing a pre-hire Drug Screen.

I understand that if a job offer is made to me, it may be contingent upon the successful passing of an employment exam. For field personnel, a job offer is contingent upon approval by a medical examiner that I can wear a respirator without adverse effects to my health. If a limitation is found that would impact my ability to perform the job successfully, and no reasonable accommodation can be made by the company, the job offer may be withdrawn.

I authorize HCI Industrial & Marine Coatings, Inc. to investigate information concerning my previous employment, education, and training. I hereby hold harmless from liability all persons on account of such disclosure. I understand that the investigation may include verification of past employment, review of personnel records maintained by any prior employer, education, opinion of reference, verification of driving record, and felony conviction criminal history.

I understand and agree that my employment and compensation may be terminated any time with or without prior notice, with or without cause, at the option of the company or myself, and understand that no representative of HCI Industrial & Marine Coatings, Inc. other than the president, has authority to enter into any agreement contrary to the foregoing.

I authorize HCI to access all my previous Workman's Compensation claim history in the event that I file a claim against HCI, whether or not I am working for HCI at such time a claim is filed.

I understand that all company property must be returned and any indebtedness to HCI, Industrial & Marine, Inc. be repaid on or before my last day of work. I authorize HCI Industrial & Marine, Inc. to deduct from my final paycheck the amount necessary to satisfy any unpaid obligations that I incurred with the company.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I further understand that if I am employed, and it is discovered that I have provided false and misleading information, including incomplete statements, this shall be grounds for immediate dismissal.

Signature

Print Name

Date