



# PAINTS ARENA



## EMPLOYMENT APPLICATION

AEG is an equal opportunity employer. We encourage all qualified individuals to apply for employment. If you require accommodations to complete the application, testing or interview process, please contact the Human Resources Department.

(PLEASE PRINT) Date \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Number Street City State Zip

Permanent Address if different from present address:

Number Street City State Zip

### EMPLOYMENT DESIRED

Referral Source: \_\_\_\_\_

Position applying for: \_\_\_\_\_

Are you applying for: (Please circle Yes or No)

- Regular full-time work?..... Yes No
- Regular part-time work?..... Yes No
- Temporary work, e.g. Summer or holiday work?..... Yes No

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available?

From \_\_\_\_\_ To \_\_\_\_\_

Are you available for work on nights and weekends?..... Yes No

Would you be available to work overtime, if necessary?..... Yes No

If hired, on what date can you start work? \_\_\_\_\_

Salary desired: \_\_\_\_\_

### PERSONAL INFORMATION

Have you ever applied to or worked for AEG?..... Yes No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for AEG?..... Yes No

If hired, would you have a reliable means of transportation to and from work?..... Yes No

Are you at least 18 years old?..... Yes No

(Note: If under 18, hire is subject to verification that you are of minimum legal age.)

Do you have the legal right to work in the United States?..... Yes No

(Note: Proof of identity and legal authority to work in the United States is a condition of employment.)

Are you currently employed? ..... Yes No

If so, may we contact your current employer? ..... Yes No

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
Junior High				
High School				
College/University				
Vocational/Business				
Other				

Some of our customers do not speak English. Do you speak, write, or understand any foreign languages?

If yes, which language(s)? \_\_\_\_\_

Do you have any other experience, training, qualifications, or skills, which you feel make you especially suited to work for AEG? If so, please explain: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please list all present and past employment starting with your most recent employer (last ten (10) years is sufficient.) You must complete this section even if attaching resume. If additional pages are needed, please attach.

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: ..... From: \_\_\_\_\_ To: \_\_\_\_\_

May we contact this employer? ..... Yes No

Reason for Leaving: \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

May we contact this employer?..... Yes No

Reason for Leaving: \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

May we contact this employer?..... Yes No

Reason for Leaving: \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

May we contact this employer?..... Yes No

Reason for Leaving: \_\_\_\_\_

Have you ever been terminated or asked to resign your job? If yes, please explain: \_\_\_\_\_

Please identify and explain all periods of unemployment over the past ten (10) years:

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason: \_\_\_\_\_

**MILITARY SERVICE**

Have you obtained any special skills or abilities as the result of service in the military? .....Yes No

If so, please describe: \_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

Please list below three persons not relate to you, who have knowledge of your work performance within the last three (3) years:

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_( ) \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_( ) \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_( ) \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

**ACKNOWLEDGEMENT**

Please read carefully, initial each paragraph, and sign below.

\_\_\_\_\_ I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any misrepresentation, falsification or omission of information on this application or on any document used to secure employment shall be grounds for rejection of this application or immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize the Company to thoroughly investigate the information on my application, my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Company all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons or entities from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosures.

\_\_\_\_\_ The Company adheres to a policy of at-will employment which recognizes that each employee and the Company each retain the right to terminate the employment relationship and that the Company retains the right to modify an employees' position or compensation at any time, with or without cause or notice. No one other than the President has the authority to make any binding promise or enter into any agreement inconsistent with the Company's at-will policy and any such agreement must be in writing and signed by both parties to be effective.

\_\_\_\_\_ As a condition of employment, all individuals offered employment are required to submit to a pre-employment drug test.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_