

# JOB APPLICATION FORM

The Indiana Painting Co., Inc. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, or disability that does not prohibit performance of essential job function. If you are an individual with a disability and need reasonable accommodation to participate in the hiring process, please contact the Executive Director at (812) 287-2291.

<b>PERSONAL INFORMATION</b>			
TO BE CONSIDERED FOR EMPLOYMENT, PLEASE COMPLETE THE FOLLOWING QUESTIONS COMPLETELY, EVEN IF ATTACHING A RESUME.			
Position Applying for:			Application Date:
Last Name:	First Name:	Middle:	
Present Address:		City/State:	Zip:
Home Phone:	Business/Message Phone:		E-Mail Address:
Have you ever worked for The Indiana Painting Co., Inc. before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a current, valid driver's license and transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have the legal right to be employed in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If hired, you will be required to submit proof of identity and eligibility to work in the United States as required by the Immigration Reform and Control Act of 1986.</small>			
Have you ever been convicted of anything other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>IF YES, Please explain:</b>  <small>(Note: A conviction will not necessarily bar you from employment, each conviction will be judged on its own merits with respect to time, position, circumstance and seriousness.)</small>			
<b>CONDITIONS OF EMPLOYMENT</b>			
<p>In submitting this application, I understand that false statements will disqualify me for employment or cause my subsequent dismissal. I understand that, if accepted for employment, I shall be required to provide proof of identity and eligibility to work in the United States (in compliance with the Immigration Reform &amp; Control Act of 1986).</p> <p>The Indiana Painting Co., Inc. is a drug free work place – all prospective employees must take and pass a drug test as part of the employment process. By signing this statement, you are submitting to periodic and random drug testing.</p> <p>I understand that in no event shall my hiring be considered as creating a contractual relationship between myself and The Indiana Painting Co., Inc. and unless otherwise provided in writing, such relationship shall be defined as "employment at will" where either party may dissolve the relationship.</p> <p><b>I understand that consideration for employment is contingent on the results of a reference and background check. Therefore, I hereby authorize The Indiana Painting Co., Inc. and/or affiliates to investigate the truthfulness of all statements made in this application, contact my former employers or other persons, who can verify information concerning this application, and I release and indemnify each person and organization from liability for providing information to The Indiana Painting Co., Inc.</b></p>			
_____ <b>SIGNATURE OF APPLICANT</b> (Unsigned Applications are not Valid)		_____ <b>DATE</b>	

**EDUCATION/TRAINING HISTORY**

List Colleges, military, trade, business or other schools attended.

Name/Location of School	Course of Study (List Major)	Graduated (Yes/No)	Type of Degree/Certificate

**SPECIALIZED SKILLS AND KNOWLEDGE**

List any Skills or knowledge that show your ability to perform the job for which you are applying.

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**EMPLOYMENT VERIFICATION**

LIST YOUR LAST THREE EMPLOYERS FOR EMPLOYMENT VERIFICATION PURPOSES

<b>1.</b>	<b>Current/Last Employer's Name, Address &amp; Phone Number:</b>		
	Supervisor's Name/Phone Number:		Your Job Title:
	Employed (Month/Year) From:	Salary:	Reason for Leaving:
	To:		
May we contact this employer? If not, why?			
<b>2.</b>	<b>Prior Employer's Name, Address &amp; Phone Number:</b>		
	Supervisor's Name/Phone Number:		Your Job Title:
	Employed (Month/Year) From:	Salary:	Reason for Leaving:
	To:		
May we contact this employer? If not, why?			
<b>3.</b>	<b>Prior Employer's Name, Address &amp; Phone Number:</b>		
	Supervisor's Name/Phone Number:		Your Job Title:
	Employed (Month/Year) From:	Salary:	Reason for Leaving:
	To:		
May we contact this employer? If not, why?			

**REFERENCES**

Name:	Phone:
Name:	Phone:
Name:	Phone:

**AWARDS, CERTIFICATES & OTHER TRAINING**

PLEASE LIST ANY AWARDS, CERTIFICATES, OR OTHER SPECIALIZED TRAINING OR CARDS ISSUED TO YOU.  
EXAMPLES OF THESE ITEMS ARE THE MICCS CARD, OSHA 10 HOUR TRAINING, ANY MATERIAL TRAINING OR LICENSING, ETC.  
LIST ALL ITEMS AND BE AS THOROUGH AS YOU CAN.

Name of Award...	Issuing Agency	Date of Award...

**TELL US ABOUT YOURSELF**

PLEASE TAKE YOUR TIME WITH THIS SECTION AND LET US KNOW A LITTLE ABOUT WHO YOU ARE AND WHY YOU MIGHT FIT WELL IN OUR TEAM.

What do people like about you?	
Are you self-motivated or are you motivated by others?	
What do you like about painting?	
Tell us about a problem you solved in your last job.	
Are you a leader or follower? What makes you think so?	

Thank you for taking the time to apply for a job with The Indiana Painting Co., Inc.

Return to:



The Indiana Painting Co., Inc.

1647 State Ferry Road

Solsberry, Indiana 47459

-or-

FAX to: (317) 536-3252

-or-

Email to: [Rsands@inpaintco.com](mailto:Rsands@inpaintco.com)