

# Northern Lights Painting Company, Inc.

444 Washington Street, Suite 201, Woburn, MA 01801  
Phone: (781) 933-8400 Fax: (781) 933 8408

## APPLICATION FOR EMPLOYMENT

**Non-Discrimination Policy:** Northern Lights Painting Company, Inc. is committed to the principle of equal opportunity in employment. The Company does not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability in employment.

### GENERAL INFORMATION

Date \_\_\_\_\_

Position(s) Applied For (1) \_\_\_\_\_

(2) \_\_\_\_\_

Referral Source  Newspaper  Friend  Relative  Employment Agency  
 Internet Search  Walk-in  Other \_\_\_\_\_

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

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

Home Telephone (\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

If under 18, can you provide a work permit?  Yes  No

Have you ever filed an application here before?  Yes  No If yes, give date \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

If yes, may we contact your employer?  Yes  No Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No  
(Proof of citizenship or immigration status will be required upon employment)

Employment desired:  Full-Time  Part-Time  Shift Work  Temporary  Overtime

When are you available for work? \_\_\_\_\_

Are you on a lay-off and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

EDUCATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Graduate School				
Bus. or Trade School				
Professional School				
Special Honors				

**COMPUTER SKILLS (Only for positions which require computer skills)**

Check off those computer skills with which you are proficient (any version).

PC User     
 Macintosh User     
 Windows     
 Microsoft Word     
 Microsoft Access  
 Microsoft Excel     
 Microsoft Publisher     
 Web Page Design/  
Maintenance     
 E-mail     
 Internet  
 Other. Please list \_\_\_\_\_

**DRIVER'S LICENSE (Only for positions which require driving)**

Do you have a driver's license?       Yes       No

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_       Operator       Commercial (CDL)       Chauffeur

Expiration date \_\_\_\_\_

Have you had any accidents during the past three years?  Yes       No      How many? \_\_\_\_\_

Have you had any moving violations during the past three years?  Yes       No      How many? \_\_\_\_\_

Do you have motor vehicle insurance?  Yes       No      Upon hire, we will request a copy of your policy.

**MILITARY**

Are you a veteran of the United States military service?       Yes       No      If yes, what branch? \_\_\_\_\_

If yes, Date Entered \_\_\_\_\_      Date Discharged \_\_\_\_\_

If yes, please describe any special skills or training acquired while in the service:  
\_\_\_\_\_

**OTHER SPECIAL SKILLS**

Please list other special skills you may have, e.g., fluency in other languages, licenses, special training required for the position for which you are applying, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE**

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Attach additional sheets if necessary.

<b>Most Recent Employer</b>	Dates Employed From: To:	Work Performed
Phone Address	Supervisor  Phone:	
Job Title	Reason for Leaving	May we contact this Employer? Yes _____ No _____
<b>Employer</b>		
	Dates Employed From: To:	Work Performed
Phone Address	Supervisor  Phone:	
Job Title	Reason for Leaving	May we contact this Employer? Yes _____ No _____
<b>Employer</b>		
	Dates Employed From: To:	Work Performed
Phone Address	Supervisor  Phone:	
Job Title	Reason for Leaving	May we contact this Employer? Yes _____ No _____
<b>Employer</b>		
	Dates Employed From: To:	Work Performed
Phone Address	Supervisor  Phone:	
Job Title	Reason for Leaving	May we contact this Employer? Yes _____ No _____

**REFERENCES**

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

**WAIVERS AND DISCLOSURES**

Please read each section carefully and sign where indicated.

**AT-WILL EMPLOYMENT**

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization..

**CERTIFICATION OF TRUTH AND ACCURACY**

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

**NOTIFICATION AND AUTHORIZATION TO REQUIRE A MEDICAL EXAMINATION**

I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to do the job. I understand that I may also be required to undergo a pre-employment or post-employment medical exam by the Company's designated health practitioner. Many positions involve squatting, standing for long periods of time, climbing ladders, reaching, wearing a respirator, bending, kneeling, and lifting and carrying weight up to 50 lbs.

**NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION**

I understand that I may be subject to a background check, and hereby authorize Northern Lights Painting Company, Inc., to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records and credit history through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.

**MASSACHUSETTS LAW**

Under Massachusetts Law, it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

**PLEASE SIGN HERE:** \_\_\_\_\_ **Date** \_\_\_\_\_