

# Employment Application

An Equal Opportunity Employer

1717 N Bristol Street  
Sun Prairie, Wisconsin 53590



## Personal Information

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

Last Name \_\_\_\_\_ Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Street Address \_\_\_\_\_

## Employment Desired

Position \_\_\_\_\_

Available Start Date \_\_\_\_\_ Salary Desired \_\_\_\_\_

Have you ever applied to or worked for Hallman Lindsay Paints or O'Leary Paint?

☐

YES

☐

NO

When \_\_\_\_\_ Location \_\_\_\_\_

How did you hear about us or the position? \_\_\_\_\_

## Education History

Education Level	Name and Location of School	Years Attended	Did you graduate?	Subjects Studied
High School				
College/University				
Trade/Business/ Correspondence School				

## Employment History

List most recent employer first and two other employers

Dates Employed	Name and Address of Employer	Position	Salary	Reason for Leaving
From To				
From To				
From To				

## References

List three persons not related to you, whom you have known at least one year

Name	Contact	Relationship to Person	Years Acquainted

## Other

Special Skills \_\_\_\_\_

Are you able to regularly lift or carry 50 lbs.? ☐ YES ☐ NO

U.S. Military or Naval Service \_\_\_\_\_ Rank \_\_\_\_\_

Present Membership in National Guard or Reserves ☐ YES ☐ NO

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you all information concerning my previous employment and any pertinent information they may have and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause."

Signature \_\_\_\_\_ Date \_\_\_\_\_