



EMPLOYMENT APPLICATION

(AN EQUAL OPPORTUNITY EMPLOYER)

APPLICANT INFORMATION

Please complete entire application – incomplete information could disqualify you from further consideration

| | | | | | | |
|---|----------------------------------|--|---|--------------------------------|------------------------------|-----------------------------|
| Last Name | | First | | M.I. | Date: | |
| Street Address | | | | Apartment/Unit: | | |
| City | | State | | ZIP | | |
| Phone | | E-mail: | | | | |
| Date Available | | Social Security No. | | Desired Salary | | |
| Position Applied for | | | | | | |
| Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation(s). | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Are you at least 18 years of age? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Are you authorized to work in the U.S.? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| Can you work any shift | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Can you work overtime, including weekends | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| Have you ever worked for this company? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | | | |
| Have you ever been terminated or asked to resign by an employer? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, provide details: | | | |
| Do you know anyone who works for this company? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, provide details: | | | |
| How did you hear about us? | Walk In <input type="checkbox"/> | Advertisement <input type="checkbox"/> | Referral <input type="checkbox"/> | Other <input type="checkbox"/> | | |
| If you were referred to this company, who referred you: | | | | | | |

EDUCATION

| | | | | | | |
|-------------|----|-------------------|------------------------------|-----------------------------|--------|--|
| High School | | | | Address | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | |
| College | | | | Address | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | |
| Other | | | | Address | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | |

REFERENCES

Please list three professional references.

| | | | |
|-----------|--|--------------|--|
| Full Name | | Relationship | |
| Company | | Phone | |
| Address | | | |

REFERENCES (CONTINUED)

| | | | |
|-----------|--|--------------|--|
| Full Name | | Relationship | |
| Company | | Phone | |
| Address | | | |
| Full Name | | Relationship | |
| Company | | Phone | |
| Address | | | |

PREVIOUS EMPLOYMENT

(Include last 7 years of employment history, including periods of unemployment, starting with the most recent and working back)

| | | | |
|--|-----------------|--------------------|------------------|
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

SKILLS

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If so, please provide details:

| |
|--|
| |
|--|

MILITARY SERVICE

Branch

From

To

Rank at Discharge

Type of Discharge

If other than honorable, explain

DISCLAIMER AND SIGNATURE

Solomon Colors, Inc. is an equal opportunity employer. Solomon Colors, Inc. does not discriminate in employment because race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Solomon Colors, Inc. to hire me. If I am hired, I understand that either Solomon Colors, Inc. or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Solomon Colors, Inc. has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Solomon Colors, Inc. true and complete information on this application. No requested information has been concealed. I authorize Solomon Colors, Inc. to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature

Date

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.