

Employment Application

This Application for Employment will remain **valid for 30 days** from the date received. It will be reviewed for any open position available during this time frame. After 30 days have passed, a new application must be submitted for consideration for all open positions.

Application Information

Today's Date:

First Name:

Middle Name:

Last Name:

Street Address:

City:

State:

Zip Code:

Email Address:

Home Phone:

Cell Phone:

Employment Application: Complete all sections which pertain to you, sign and date. A resume may be required but is not a substitute for completing this Application for Employment ("Application"). The Application allows the Company to determine your qualifications and experience and contains an Applicant Statement and Agreement. By signing the Application, you authorize the Company to verify the information contained in the Application. Falsification of information on the Application or failure to provide accurate information may result in disqualification from employment or termination of employment if discovered after hire.

Employment Interviews: Several personal and/or telephone interviews may be conducted with you in order to obtain more detailed information regarding your background and qualifications. The Company complies with the Americans with Disabilities Act Amendments Act of 2008 (ADAAA). During the interview process you may be asked questions concerning your ability to perform job-related functions.

Employment Eligibility Verification (Form I-9): This form is required by the U.S. Citizenship and Immigration Services (USCIS). If you are hired, this form will be used to verify your identity and right to work in the United States.

Reference Checks: Former employers and educational references may be verified prior to an offer of employment.

Records Check: There may be verification and information checks with the Social Security Administration, criminal courts, federal, state, and county repositories of criminal records, Department of Motor Vehicles, and credit bureaus.

Equal Opportunity Employer/Drug-Free Workplace: The Company is an Equal Employment Opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, pregnancy, religion, national origin, ancestry, medical condition, marital status, citizenship status, disability or uniformed service member status. The Company has a Drug-Free Workplace Policy in effect that is strictly adhered to.

Please answer all questions. Resumes are not accepted in place of this Application.

Position Applying for:		Date Availability:	
Are you 18 years of age or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, state your age:
Employment Status:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part- Time	<input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> On Call
Are you willing to work overtime as necessary?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Are you willing to work out of town?	<input type="checkbox"/> Yes		<input type="checkbox"/> No

Are you legally eligible for employment in the U.S? <i>**Note: Upon employment, documentation verifying your legal right to work in the U.S. and your identity will be required.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you previously been employed by J. Mori Painting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, state dates of employment:		

May we contact your current employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, please provide reason:		

How did you hear about us? (Specify the name of the source, agency, employee referral, ad, etc.)

Work Experience: list your work experiences below, starting with the most recent/current one		
Employer:	Position Title:	
Employer Address:	City/State:	Zip Code:

<input type="checkbox"/> Hourly	<input type="checkbox"/> Salaried	Start Date:	End Date:
Supervisor's Name:		Supervisor's Title:	
Supervisor's Phone:		<input type="checkbox"/> The Supervisor may be contacted	
Responsibilities:		Reason for leaving or seeking other employment:	

Employer:	Position Title:	
Employer Address:	City/State:	Zip Code:

<input type="checkbox"/> Hourly	<input type="checkbox"/> Salaried	Start Date:	End Date:
Supervisor's Name:		Supervisor's Title:	
Supervisor's Phone:		<input type="checkbox"/> The Supervisor may be contacted	
Responsibilities:		Reason for leaving or seeking other employment:	

Employer:	Position Title:	
Employer Address:	City/State:	Zip Code:

<input type="checkbox"/> Hourly	<input type="checkbox"/> Salaried	Start Date:	End Date:
Supervisor's Name:		Supervisor's Title:	
Supervisor's Phone:		<input type="checkbox"/> The Supervisor may be contacted	
Responsibilities:		Reason for leaving or seeking other employment:	

Education: list your educational experiences below, starting with the most relevant education (last school first).			
Institution (School)	Major Study	Did you graduate?	Education Level

Special Skills and Qualifications: list special job related skills or qualifications, including licenses and certificates (provide registration number(s), state and expiration date(s) acquired, which relate to the position you are applying for.

Skill/Qualification: _____ _____		
License/ Certificate #:	State:	Expiration Date:
Skill/Qualification: _____ _____		
License/ Certificate #:	State:	Expiration Date:

Employment References: provide three (3) professional references who are not related to you and are previous employers.				
<u>Contact Name:</u>	<u>Relationship:</u>	<u>Company Name:</u>	<u>Phone</u>	<u>Address</u>

Application for Employment Applicant Statement and Agreement

Employment Verification

I understand that I have a right to receive a copy of this authorization on request and that a photographic, scanned, faxed, or emailed copy of this authorization shall be as valid as the original. I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all statements in this application and give the Company permission to contact schools, previous employers, references, and others and release the Company from any liability as a result of such contact. I understand that any false information, omission, or misrepresentation of information requested or provided in connection with this application may remove me from further consideration for employment. I also understand that false information, omissions, or misrepresentations at any time may be cause for termination of employment.

At Will Employment

If accepted for employment, the Company will make every effort to provide steady continuous work, although the Company has no employment contracts and cannot guarantee the permanence of any position. Job tenure can be affected by many factors (business, economic conditions, changes in laws or Company policies, conformity to work rules, job performance, etc.) in addition, employees may elect on their own accord to seek jobs in other fields or with other employers.

I understand that my employment with the Company is for no specific term and may be terminated by me or the Company with or without notice or cause at any time. I further understand that no oral promise, Company policy, custom, business practice or other procedure (including Company handbook or personnel manuals) constitutes an employment contract or modification of the at will employment relationship between me and the Company.

The contents of any employment handbook or personnel manuals, as well as other Company policies and practices are subject to change or modification by the Company, solely at its discretion, without notice. I also understand that no supervisor or other official of the Company (except company Officers) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

Consent to Pre-Employment Drug Testing (Not applicable to Vermont Employment Applicants)

I acknowledge that, together with my Application, the Company has provided me with a copy of its written Pre-Employment Drug Testing Policy Statement. I understand that, by signing the Application below, I consent to the Company's right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I further understand that a Drug-Free Workplace program is in effect and that a positive result for the drugs tested may be grounds for termination from employment. I understand that any offer of employment may be contingent upon satisfactory drug testing. I understand that should I decline to sign this consent, the Pre-Employment Drug Testing Policy Statement, or take any of the required drug tests, my Application may be rejected.

Fair Credit Reporting Act Notification

You are notified that in connection with your application for employment (including contract for services) and / or active employment with the Company, a consumer report and/or investigative report which may contain public record information may be requested and/or made on you. This report may include consumer credit, criminal records, driving records, education history, prior employer verification and other information for the purpose of considering you for employment, promotion, reassignment or retention with the Company.

These reports may include information regarding your career experience along with reasons for termination of past employment, information regarding your character, reputation, personal characteristics and/or mode of living and will be obtained from public or private record sources or through personal interviews. Information may also be requested from various Federal, State, local or other agencies.

Before a consumer and/or investigative report is requested, you will be asked to complete a Disclosure and Consent Form. You will be provided the name and address of the consumer-reporting agency to which the request for information is being made. You will have the right to a complete disclosure of the nature and scope of the investigation and a written summary of your rights under the Fair Credit Reporting Act.

I certify that all information contained in this Application for Employment is true and accurate to the best of my knowledge and belief; and I have read, understand, and agree to be legally bound to all of the terms in the Applicant Statement and Agreement.

Print Name

Signature

Date

J. Mori Painting, Inc.
DRUG AND ALCOHOL POLICY

POLICY STATEMENT: The purpose of this policy is to ensure public safety and to maintain a safe, and productive work environment for all employees by preventing accidents or other dangerous incidents that may result from drug or alcohol use. This policy pertains to all employees of the company who have cause to be on company vessel(s) and other properties. The possession, use or sale of alcohol on company premises during work hours is strictly prohibited. Further, the possession, use or sale of illegal drugs is prohibited at any time.

Employees are prohibited from reporting to work under the influence of alcohol or drugs. An employee who is taking a prescription drug is required to present to the company a statement from the prescribing physician that the prescription drug will not impair the employee's work performance. The company will require drug testing of applicants for employment in safety-sensitive positions. Any applicant who refuses to submit to the test will no longer be considered eligible for employment. The company will require drug testing of employees who hold safety-sensitive positions. Any employee who refuses to submit to the test will no longer be considered eligible for employment.

Drug testing shall be conducted in accordance with DOT/USCG rules and regulations. Specifically, individuals will be tested for the presence of controlled substances [marijuana, cocaine, opiates, amphetamines, phencyclidine (PCP) and alcohol] and will be subject to pre-employment, reasonable cause, periodic, random, and post-accident drug testing. Such individuals MUST TEST NEGATIVE for the presence of controlled substances.

In the interest of the safety and health of its employees, the company reserves the right to inspect and search, at random, unannounced times, all packages, boxes, clothing or any personal belongings carried on or off company property.

DISCIPLINE: Employees found to be in violation of this policy by either directly possessing or using alcohol or drugs, as described above, or through a verified positive drug test or by court conviction, will be subject to immediate discharge from employment. Any employee who fails to cooperate with the requirements set forth in this policy, including refusal to test, failure to provide a specimen within a reasonable time, failure to report for a scheduled appointment to provide a specimen or adulteration of a specimen, will be subject to disciplinary action which may include immediate termination of employment.

ADMINISTRATIVE: The company strictly prohibits the use, possession and/or sale of illegal drugs, drug paraphernalia or unsanctioned use of alcohol aboard company vessel(s) or property. The company will cooperate fully with public authorities in the prosecution of anyone in violation of said prohibition.

Information concerning drug and/or alcohol test results and information concerning violations of this policy will be treated as confidential information. Such information will be released only to management representatives who have a need to know. This information will also be provided to the Coast Guard or other federal and state agencies where required by law or regulation. Test results or documentation showing the employee has been subject to random drug testing shall be provided to that employee or to his/her designated representative, upon written request by the employee.

ALCOHOL AND DRUG POLICY ACKNOWLEDGMENT

I, _____, acknowledge that I have read the company alcohol/drug policy, and that I fully understand that violation of this policy will be grounds for immediate termination of my employment.

Signature _____ Date _____

DO YOU HAVE THE ABILITY TO PERFORM THE FOLLOWING ESSENTAL JOB FUNCTIONS?

LIFT PAINT BUCKETS WITH A WEIGHT OF OR ABOUT 80 POUNDS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
LIFT LADDERS EXTENSION OR SCISSOR	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CLIMB LADDERS UP TO 24 FEET	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DO YOU HAVE THE ABILITY TO KNEEL, BEND OVER, CLIMB, REACH OVER, AND EXTEND YOUR SELF	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ARE YOU TRAINED TO USE A SPRAY GUN	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ARE YOU TRAINED TO OPERATE A SPRAY MACHINE	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ARE YOU TRAINED TO PRESSURE CLEAN	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DO YOU HAVE THE ABILITY TO PRESSURE CLEAN FOR LONG PERIODS OF TIME	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DO YOU HAVE THE ABILITY TO PAINT WITH A ROLLER FOR LONG PERIODS OF TIME	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DO YOU HAVE THE ABILITY TO BRUSH PAINT BENDING OVER ,REACHING OVER FOR LONG PERIODS OF TIME	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ARE YOU TRAINED TO OPERATE A MAN-LIFT	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DO YOU HAVE THE TRAINING TO OPERATE A WORK TRUCK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DO YOU HAVE THE TRAINING TO OPERATE A SWING STAGE	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature _____

Date _____