

**Texas Paint & Wallpaper
Application for Employment**

Texas Paint & Wallpaper is an equal opportunity employer and we do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Applicants requiring reasonable accommodation to the application and/or interview process should notify Texas Paint & Wallpaper.



Last Name	First Name	Middle	Date
Position desired <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Salary desired	
Home Address		City	State Zip Code 10-digit Telephone No. ()
Drivers License No.	State of issue	Expires on	Social Security No.
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date you will be available to start work: / /	
Are you able to meet job attendance requirements?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Can you travel to any of our store locations if required by this position? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been previously employed by our organization?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Are you eligible to work in the United States of America?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever pleaded guilty, no contest, or been convicted of a crime?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain (a conviction will not automatically bar employment)			
How were you referred to us?			
Employment History Please provide all employment information for the past four employers you have worked for, starting with the most recent.			
Employer: _____ Position held: _____			
Address: _____ Telephone #: _____			
Immediate supervisor and title: _____			
Dates employed: from _____ to _____ Salary: _____			
Job summary: _____			
Reason for leaving: _____			
Employer: _____ Position held: _____			
Address: _____ Telephone #: _____			
Immediate supervisor and title: _____			
Dates employed: from _____ to _____ Salary: _____			
Job summary: _____			
Reason for leaving: _____			
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Dates employed: from _____ to _____ Salary: _____			
Job summary: _____			
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Employer Information, continued:

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name and location, years completed, course of study, and any degrees earned:

High school: _____

College: _____

Technical Training: _____

Other: _____

References

List 3 references names, telephone numbers, and years known (do not include relatives or employers):

Applicant Acknowledgement and Authorization

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all-previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____