



**APPLICATION FOR EMPLOYMENT**  
**Diversified Coating System, Inc.**  
**309 Echelon Road**  
**Greenville, SC 29605**

In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

**This form must be filled out in its entirety. A resume maybe use as a supplement to this form only, not as a replacement.**

Date of Application \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Shift you can work:  1<sup>st</sup>  2<sup>nd</sup>

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
                     Last                      First                      Middle

List your addresses of residence for the past 3 years.

Current  
 Address \_\_\_\_\_  
                     Street    City  
                     \_\_\_\_\_ Phone \_\_\_\_\_ How long? \_\_\_\_\_  
                     State    Zip code

Previous \_\_\_\_\_ How Long? \_\_\_\_\_  
 Addresses Street    City    State & Zip code  
                     \_\_\_\_\_ How Long? \_\_\_\_\_  
                     Street    City    State & Zip code

Do you have the legal right to work in the United States? Yes  No   
 Can you provide proof of age? Yes  No   
 Have you been convicted of or pleaded no contest to a felony within the last ten years? Yes  No   
 If yes, please explain:

\_\_\_\_\_  
 \_\_\_\_\_

Have you worked for this company before? Yes  No

If Yes, When? Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? If yes, please explain. \_\_\_\_\_

## EMPLOYMENT HISTORY

All applicants must provide the following information on all employees during the preceding 3 years.

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
			TASKS	
CITY	STATE	ZIP	SALARY / WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
			TASKS	
CITY	STATE	ZIP	SALARY / WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
			TASKS	
CITY	STATE	ZIP	SALARY / WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
			TASKS	
CITY	STATE	ZIP	SALARY / WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

### EDUCATION DATA

Schools	Dates	Types of Course or Major	Highest Grade Completed	Degree Received

## EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

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LIST COURSES AND TRAINING OTHER THAN SHOW ELSEWHERE IN THIS APPLICATION

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LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIAL YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOW)

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HOW WELL DO YOU SPEAK ENGLISH \_\_\_\_\_

1	2	3	4	5	6
None	Not good	Good	Very good	Fluent	Excellent

HOW WELL DO YOU READ ENGLISH \_\_\_\_\_

1	2	3	4	5	6
None	Not good	Good	Very good	Fluent	Excellent

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### Company's Statement:

The Company is an EQUAL OPPORTUNITY EMPLOYER. No question on this application is asked for the purpose of limiting or excluding any applicant from consideration for employment because of his or her race, color, religion, sex, national origin, disability, age, veteran, or other protected category

### Applicant's Statement:

I understand that the Company requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. I further understand that any false statements or omissions, incomplete, misleading statement or misrepresentation on this application may be considered cause for dismissal, if and whenever discovered. I understand that the submission of this application does not mean there are any positions available and in no way obligates the Company. I acknowledge that a pre-placement physical may be required including a drug test. I also give consent for a worker's compensation background check.

**I understand that company rules, policies, handbooks, etc., are not contracts and are amended and modified as necessary.**

I understand that employment at the company, if offered, is at-will and not contractual. This means that either the company or I may terminate my employment at any time with or without notice, or cause, and that the company does not guarantee that any position be continued for any length of time or that any job assignment or shift be permanent.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Authorization to Release Employment Reference Information/ Workers' Compensation Check/ Degree Verification / Background Investigation / Motor Vehicle Record check, if applicable.

I understand that the Company will attempt to verify statements made on my resume and made during my employment interview. I authorize the Company to contact former employers and I give my permission for my former employers to answer any and all questions based upon information available to them in my prior employment records. I also authorize Diversified Coatings Systems to do a background investigation upon conditional job offer. I acknowledge that Diversified Coatings Systems is a drug-free workplace, and I will be subject to random or for-cause testing throughout my employment.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_