



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: 1st 2nd

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
CITY STATE ZIP	TASKS
CONTACT PERSON PHONE NUMBER	SALARY / WAGE
	REASON FOR LEAVING

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

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

EDUCATION

HIGHEST GRADE COMPLETED: HIGH SCHOOL _____ COLLEGE _____

HIGH SCHOOL ATTENDED _____
(NAME) (CITY)

COLLEGE _____
(NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS – OTHER

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

LIST COURSES AND TRAINING OTHER THAN SHOW ELSEWHERE IN THIS APPLICATION

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

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

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquires and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

Date

Applicant's Signature

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT TO JOB APPLICANTS

In accordance with the provision of Section 604 (b)(2)(a) of the **Fair Credit Reporting Act**, (Public Law 91 – 508), as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that a consumer report may be obtained on you for employment purposes.

I acknowledge the receipt of the above disclosure.

(Applicant's Signature)

(Date)