



Employment Application

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Sacramento, CA 95834

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Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State Zip*

Phone: _____ Email: _____

Date Available: _____ Social Security #: _____ Desired Salary: _____

Position Applied for: _____

YES NO

YES NO

Are you a citizen of the United States?

If no, are you authorized to work in the U.S.?

Have you ever worked for this company?

If yes, when? _____

Have you ever been convicted of a felony?

If yes, explain:

Education

High School: _____ Address: _____
YES NO

From: _____ To: _____ Did you graduate? _____ Diploma: _____

College: _____ Address: _____
YES NO

From: _____ To: _____ Did you graduate? _____ Diploma: _____

Other: _____ Address: _____
YES NO

From: _____ To: _____ Did you graduate? _____ Diploma: _____

References

Please list three professional references:

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
YES NO

May we contact your previous supervisor for a reference?

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
YES NO

May we contact your previous supervisor for a reference?

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Direct Deposit Authorization

Name: _____

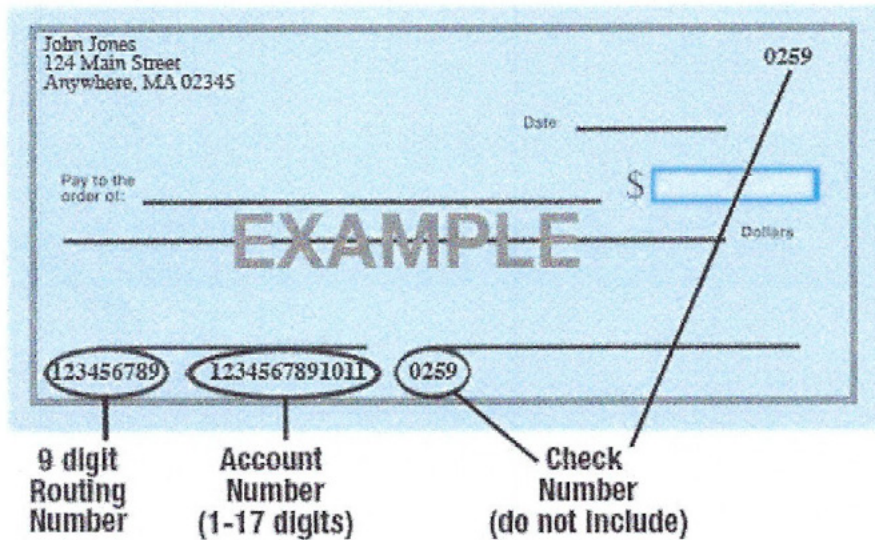
Address: _____

Street Address

City

State

Zip



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: \$ _____ % or Entire Paycheck

Type of Account: Checking Savings (Check One)

Attach a voided check for each bank account to which funds should be deposited (if necessary)

_____ **[Company Name]** is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee's Signature: _____ Date: _____