Portland Coatings, Inc. 278 N. Hancock Avenue Portland, OR 97227 503-288-5241

Application For Employment

This company makes its employment decisions without regard to race, sex, national origin, religion, martial status, age, and prior industrial, mental or physical handicaps. Or any other protected classification unrelated to job performance.

This company does not hire applicants who must smoke while on the job.

This application will be considered only for the specific job applied for, it will not be retained. If you desire to be considered for a position in future time, you must file a new application.

Job applying for:	Date	
Name:(Last) Address:	(First)	(Middle)
Telephone#Are you over 18 years of age?		
It is the company's policy to comply with and to hire only authorized workers. If yo eligibility. The type of verification require or amended. Your employment will not verification requested by the company. Please describe any education, training, que for which you are applying. Have you ever worked for this company be Position Held How did	ou are hired you will be as ed may change from time to to be continued if you are utilifications, or skills that you beforeDates worked_	sked to provide the verification of your o time as federal regulations are issued e unable or unwilling to provide the you think are relevant to the position
Do you have experience in the following? longRollHow longPaper Ha BrushHow longOtherHow longSpecial areas of expertise	angerHow LongV	Vinyl hangerhow long

Please list most recent employers first. _____Phone#_____ Company Name Company Address#____ Immediate Supervisor______Dates worked_____ Position Held_____last Salary_____ Job Responsibilities, equipment operated______ Reason for leaving May we make inquiries of previous Employers______ Company Name_____Phone#____ Company Address#____ Immediate Supervisor_____Dates worked_____ Position Held_____last Salary_____ Job Responsibilities, equipment operated______ Reason for leaving May we make inquiries of previous Employers_____ Give the name of three persons to whom you are not related. These people should have known you for several years. Full Name______ Phone ______occupation_____ Full Name______ Phone ______occupation_____ Full Name ______ Phone _____occupation_____ The nature of our business requires employees to maintain regular attendance and to work day & evening shifts. If for any reason you would not be able to be present regularly during these shifts please indicate which shifts you cannot work regularly. Can you perform the functions of the desired job with or without reasonable accommodation? If you require accommodation, please explain what accommodation would permit you to perform the duties in question. Please list any criminal convictions (Other than traffic infractions sustained within the last 10 years). Convictions will not necessarily bar you from employment. In submitting this application for employment, I authorize investigation of all statements contained in it, and it is understood and agreed that any misrepresentation by me in this application may result in cancellation of employment. (Applicant)