

# COR-RAY PAINTING CO. EMPLOYMENT APPLICATION



*Any job offer and start date are contingent upon your ability to pass the Drug test, medical examination and Physical Ability Testing."*

Sponsor: \_\_\_\_\_

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For: _____		Date of Application: _____	
Last Name: _____	First Name: _____	Middle Name: _____	
Address: _____	City: _____	State: _____	Zip: _____
Home: _____	Cell: _____	Email Address: _____	

*In order to drive company vehicles, you will need to provide a current (90 days) D.M.V. printout of your driving record.*

1. Are you a member of the Painters Union?  Yes  No
2. If yes, what stage?  Apprentice, What Stage? \_\_\_\_\_  Journeyman
3. Local No. \_\_\_\_\_ District No. \_\_\_\_\_
4. Have you ever filed an application with us before?  Yes  No  
If yes, give date: \_\_\_\_\_
5. Have you ever been employed with us before?  Yes  No  
If yes, give date: \_\_\_\_\_
6. Are you currently employed?  Yes  No
7. Do you have a Confidentiality/Non Compete Agreement with any past employers?  
 Yes  No
8. May we contact your current employer?  Yes  No
9. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
 Yes  No

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***Any job offer and start date are contingent upon your ability to present proof of valid U.S. work authorization. The I-9 and W-4 forms must be completed prior to your first day of employment.***

10. Do you have any relatives who are employed here?  Yes  No
11. Do you know anyone who is employed here?  Yes  No
12. On what date would you be available for work? \_\_\_\_\_
13. Are you available to work:  Full Time  Part Time  Shift Work  Temporary
14. Are you currently on "lay-off" status and subject to recall?  Yes  No
15. Do you have a reliable form of transportation?  Yes  No
16. Can you travel if a job requires it?  Yes  No

EDUCATION	Name & Address Of School	Course Of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				

### EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:	Dates Employed		Work Performed
	Date From	Date To	
Address:			
Telephone Number(s)			
Job Title			
Reason for Leaving			

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Employer:	Dates Employed Date From      Date To		Work Performed
Address:			
Telephone Number(s)			
Job Title			
Reason for Leaving			

Employer:	Dates Employed Date From      Date To		Work Performed
Address:			
Telephone Number(s)			
Job Title			
Reason for Leaving			

**SAFETY TRAINING:**

Please indicate which of the following you have documentation of training in / on?

- |   |   |
|---|---|
| Respiratory Protection <input type="checkbox"/> | Fall Protection <input type="checkbox"/>        |
| Confined Spaces <input type="checkbox"/>        | Forklift Operation <input type="checkbox"/>     |
| Lead Abatement <input type="checkbox"/>         | Scissor Lift Operation <input type="checkbox"/> |
| Hazard Communication <input type="checkbox"/>   | Boom Lift Operation <input type="checkbox"/>    |
| First Aid / CPR <input type="checkbox"/>        | Scaffolding <input type="checkbox"/>            |

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**SPECIAL SKILLS:**

Do you have experience in any of the following coatings / linings work?

Inorganic Zinc	<input type="checkbox"/>	Abrasive Blasting	<input type="checkbox"/>
Coal Tar Enamel	<input type="checkbox"/>	Suspended Scaffolds	<input type="checkbox"/>
T-Lock	<input type="checkbox"/>	Airless Spray Application	<input type="checkbox"/>
Intumescent Fireproofing	<input type="checkbox"/>	Conventional Spray Application	<input type="checkbox"/>
Cementitious Fireproofing	<input type="checkbox"/>	Plural Component Spray Application	<input type="checkbox"/>

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## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered from employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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 employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



This employer is an equal opportunity employer that is committed to diversity in the workplace. In order to help us comply with government record keeping, reporting and other legal requirements, we ask that you complete this form. The information will not be used when making decisions affecting or regarding your employment. Completion of this form is voluntary, and it will be kept confidential.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Position (be specific): \_\_\_\_\_

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**Gender:**

Male: \_\_\_\_\_ Female: \_\_\_\_\_

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**Ethnic Group:**

- \_\_\_\_ (1) Hispanic or Latino (all persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- \_\_\_\_ (2) White (not Hispanic or Latino)
- \_\_\_\_ (3) Black or African American (not Hispanic or Latino)
- \_\_\_\_ (4) Native Hawaiian or Other Pacific Islander (not Hispanic or Latino- a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific)
- \_\_\_\_ (5) Asian (not Hispanic or Latino- a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
- \_\_\_\_ (6) American Indian or Alaskan Native (not Hispanic or Latino- a person having origins in any of the original peoples of North, Central and South and who maintain tribal affiliation or community attachment)
- \_\_\_\_ (7) Two or more races (not Hispanic or Latino- all persons who identify with more than one of the above five races)

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Employee's Signature

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Date

This employer is a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA). VEVRAA requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active-duty wartime or campaign badge veterans; (4) Armed Forces services medal veterans. These classifications are defined as follows:

(1) A "disabled veteran" is one of the following:

- a. veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- b. a person who was discharged or released from active duty because of a service-connected disability.

(2) A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

(3) An "active-duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

(4) An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of the categories of protected veterans, please indicate by checking the appropriate box below. To help us measure the effectiveness of our outreach and recruitment efforts of veterans, we are asking you to tell us if you are a veteran covered by VEVRAA. Completing this form is completely voluntary, but we hope you fill it out. Any answer you give will be kept private and will not be used against you in any way.

I identify as one or more of the classifications of protected veterans listed above.

I am not a protected veteran.

I do not wish to answer.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

Date: \_\_\_\_\_

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

### For Employer Use Only

*Employers may modify this section of the form as needed for recordkeeping purposes.*

*For example:*

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_