

Blue Body and Paint, Inc.	<h1>Application for Employment</h1>	Mail Completed Application to: Blue Body and Paint 356 Scott St. Billings, MT 59101
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We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Full Time _____ Part Time _____	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____		

Last Name	First Name	Middle Name
Address	Number	Street
City		State
Telephone Number(s)		E-Mail Address
		Social Security Number

The best time to call you at home is _____ AM _____ PM		
Have you ever filed an application with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are under 18 years of age, can you provide required proof of your eligibility to work? If Yes, give date: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed with us before? If Yes, give date: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony? If Yes, please give the date(s) and details: _____ NOTE: Answering "Yes" to the above two questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic infractions, and convictions for which the record has been sealed or expunged in answering these questions).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been terminated or asked to resign from any job? If yes, please explain circumstances: _____ _____ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any of your friends or relatives, other than spouse, work here? If Yes, state name, relationship and location: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If a driver's license is required for the position for which you are applying, do you have a current driver's license? State of issue: _____ Number: _____ Expiration Date: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
May we contact your present employer? If No, please explain: _____ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Do you have adequate transportation to and from work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Have you ever used another name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If yes, please explain: _____ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Date available for work ____/____/____ What is your desired salary range? _____								
How many days of work have you missed in the last 3 years due to reasons other than paid holidays and vacation? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">YEAR</td> <td style="width: 80%;">NUMBER OF DAYS</td> </tr> <tr> <td>YEAR</td> <td>NUMBER OF DAYS</td> </tr> <tr> <td>YEAR</td> <td>NUMBER OF DAYS</td> </tr> </table>			YEAR	NUMBER OF DAYS	YEAR	NUMBER OF DAYS	YEAR	NUMBER OF DAYS
YEAR	NUMBER OF DAYS							
YEAR	NUMBER OF DAYS							
YEAR	NUMBER OF DAYS							
Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Can you travel to one of our other locations if the job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Do you desire to work (check all that apply) :	<input type="checkbox"/> Full Time 1 st shift <input type="checkbox"/> Full Time 2 nd shift	<input type="checkbox"/> Part Time (Please circle: Mornings, Afternoon, Evenings) <input type="checkbox"/> Other						

Personal References: Please list persons who you know well – not previous employers or relatives

Name	Occupation	Address	Telephone Number	Number of Years Known

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION				
School	Name and Address of School	Course of Study	No. of Years Completed	Diploma/Degree
High School				
College				
Professional				
Other (Specify)				

WORK 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	
Address	From	To		
Telephone Number(s)				
Starting/Present Job Title	Hourly Rate/Salary			
Supervisor	Starting	Final		
Reason for Leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Dates Employed		Work Performed	
Address	From	To		
Telephone Number(s)				
Starting/Present Job Title	Hourly Rate/Salary			
Supervisor	Starting	Final		
Reason for Leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Dates Employed		Work Performed	
Address	From	To		
Telephone Number(s)				
Starting/Present Job Title	Hourly Rate/Salary			
Supervisor	Starting	Final		
Reason for Leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Dates Employed		Work Performed	
Address	From	To		
Telephone Number(s)				
Starting/Present Job Title	Hourly Rate/Salary			
Supervisor	Starting	Final		
Reason for Leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments: Include explanation of any gaps in employment.				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or other experience.*

SPECIALIZED SKILLS (Skills/Equipment Operated)

<input type="checkbox"/> Computer	<input type="checkbox"/> CCC	Production Skills	Other Skills (list)
<input type="checkbox"/> Word Processing	<input type="checkbox"/> ICAR	_____	_____
<input type="checkbox"/> Mitchell	<input type="checkbox"/> A/C Certification	_____	_____
<input type="checkbox"/> ADP	<input type="checkbox"/> ASE Certification	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accomodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

PLEASE LIST PEOPLE WHO PRESENTLY WORK IN INDUSTRY

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME YOU MUST REAPPLY.

I CERTIFY THAT ALL INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE.

Signature of Applicant

Date

APPLICANT'S STATEMENT AND AGREEMENT

In the event of my employment to a position in this Company, I will comply with all rules and regulations of this Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to the Company. I also understand that I may be required to take other tests such as personality and honesty tests, prior to and during my employment. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I further understand that the Company may contact my previous employers. I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding myself.

I hereby state that all the information that I have provided on this application or any other documents completed in connection with my employment, and in any interview is true and accurate. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any information provided to the Company is found to be false or incomplete in any respect, I may be dismissed.

I further agree and acknowledge that the Company and I will utilize binding arbitration to resolve all disputes that may arise out of the employment context. Both the Company and I agree that any claim, dispute, and/or controversy that either I may have against the Company (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) or the Company may have against me, arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Company shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in conformity with the procedures of the Federal Rules of Civil Procedure. Both the Company and I agree that any arbitration proceeding must move forward under the Federal Arbitration Act (9 U.S.C. §§ 3-4) even though the claims may also involve or relate to parties who are not parties to the arbitration agreement and/or claims that are not subject to arbitration; thus, a court may not refuse to enforce this arbitration agreement and may not stay the arbitration proceeding despite any state statutory provision permitting such action. Included within the scope of this Agreement are all disputes, whether based on tort, contract, statute (including, but not limited to, any claims of discrimination and harassment, whether they be based on the Illinois Human Rights Act, 775 ILCS 5/6-101 et seq., 410 ILCS 513/1 et seq., Title VII of the Civil Rights Act of 1964, as amended, or any other state or federal law or regulation), equitable law, or otherwise, with exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the Workers' Compensation Act, and Unemployment Compensation claims filed with the state, or as otherwise required by state or federal law. However, nothing herein shall prevent me from filing and pursuing proceedings before the United States Equal Employment Opportunity Commission or equivalent State agency (although if I choose to pursue a claim following the exhaustion of such administrative remedies, that claim would be subject to the provisions of this Agreement). In addition to any other requirements imposed by law, the arbitrator selected shall be a retired federal or state court Judge, or otherwise qualified individual to whom the parties mutually agree, and shall be subject to disqualification on the same grounds as would apply to a judge of such court. All rules of pleading, all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgment, and judgment on the pleadings, shall apply and be observed. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged. As reasonably required to allow full use and benefit of this agreement's modifications to the Act's procedures, the arbitrator shall extend the times set by the Act for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion. **I understand and agree to this binding arbitration provision, and both the Company and I give up our right to trial by jury of any claim the Company or I may have against each other.**

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by either the Company (employer) or me at any time and for any reason whatsoever, with or without good cause.

This is the entire agreement between the Company and me regarding dispute resolution, the length of my employment, and the reasons for termination of employment, and this agreement supersedes any and all prior agreements regarding these issues. It is further agreed and understood that any agreement contrary to the foregoing must be entered into, in writing, by the President of the Company. No supervisor or representative of the Company, other than its President, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing. Oral representations made before or after you are hired do not alter this Agreement.

If any term or provision, or portion of this Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable.

IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK A COMPANY REPRESENTATIVE BEFORE SIGNING.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS, AND THAT I UNDERSTAND AND AGREE TO SAME.

Signature of Applicant

Date