

Sterling Finishing, Inc. is an equal opportunity employer. Qualified applicants are hired without regard to creed, religion, national origin, sex, age, and sexual preference, disability or Vietnam Veteran status.

Date: _____ Name: _____

Present Address (street & number): _____ (city, state, zip): _____

Previous Address (street & number): _____ (city, state, zip): _____

Telephone #: _____ Social Security #: _____

If related to anyone in our company, state name and department. _____

Are you seeking full-time or part-time work? _____ full-time or _____ part-time

If part-time, specify days and hours that you can work:

Are you available to work: Overtime, if requested? _____ Yes or _____ No

Different shifts? _____ Yes or _____ No. Weekends, if requested? _____ Yes or _____ No.

Position _____ Date you can start _____ Weekly wage desired _____

Are you employed now? _____ If so, may we inquire of your present employer? _____

If no, please explain: _____

How did you hear of this position with the company? _____

Have you ever applied for employment at this company before? _____

If so, where _____ when _____

Are there any experiences, skills or qualifications, which you feel, would especially qualify you to work with the company?

Are you presently on layoff from another employer and subject to recall? _____ Yes or _____ No

If yes, provide details and dispositions of the case:

Do you understand the company's description of the essential tasks of the job for which you are applying?

_____ Yes or _____ No

If yes, are you able to perform the essential functions of the position for which you are applying with or without an accommodation? _____ With an Accommodation or _____ Without an Accommodation

If you will need an accommodation, please describe the accommodation(s):

Have you ever been convicted of a felony? _____ Yes or _____ No.

(Conviction will not necessarily disqualify applicant for employment)

If yes, describe conditions:

EMPLOYMENT INFORMATION

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer

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| | | |
|--------------------------------------|--------------------|--------------------------------------|
| Company Name | | Telephone () |
| Address | | Employed (month & year) From: To: |
| Name of Supervisor | | Weekly Pay Start: End: |
| State Job Title & Describe Your Work | Reason for Leaving | |
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|--------------------------------------|--------------------|--------------------------------------|
| Company Name | | Telephone () |
| Address | | Employed (month & year) From: To: |
| Name of Supervisor | | Weekly Pay Start: End: |
| State Job Title & Describe Your Work | Reason for Leaving | |
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|--------------------------------------|--------------------|--------------------------------------|
| Company Name | | Telephone () |
| Address | | Employed (month & year) From: To: |
| Name of Supervisor | | Weekly Pay Start: End: |
| State Job Title & Describe Your Work | Reason for Leaving | |
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|--------------------------------------|--------------------|--------------------------------------|
| Company Name | | Telephone () |
| Address | | Employed (month & year) From: To: |
| Name of Supervisor | | Weekly Pay Start: End: |
| State Job Title & Describe Your Work | Reason for Leaving | |
| | | |
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Please sign if we may contact any of the above stated employers

Your signature _____ Date _____

Comments _____

Account for all gaps of time between jobs: _____

Did you receive any promotions while previously employed? _____ Yes or _____ No
If so, please explain: _____

MILITARY

Did you serve in the US Armed Forces? _____ Yes or _____ No. If yes, in what branch: _____

Describe any training received relevant to the position for which you are applying. _____

Date of Discharge ____/____/____ Type of Discharge _____

Present membership in National Guard or Reserves? _____

CLERICAL SKILLS

Complete this section only if you are applying for a clerical position.

Typing Ability _____ No or _____ Yes --WPM
Dictation Ability _____ No or _____ Yes --WPM
Key Punch Ability _____ No or _____ Yes -- Keystrokes/hour
Word Processor _____ No or _____ Yes
Name software that you can use:

EDUCATION

| | Name & Location of School | Highest Grade Completed | Type of Degree or Diploma | Subjects Studied | Date Graduated |
|---|---------------------------|-------------------------|---------------------------|------------------|----------------|
| High School | | | | | |
| College | | | | | |
| Trade, Business, Graduate, or Correspondence School | | | | | |

Additional information, special training skills or comments you wish to submit.

