



Standard Employment Application

Deliver to any Framing Express Location or fax to 502-485-9414

We are an equal opportunity employer. As required by law, we do not discriminate on the basis of race, color, creed, religion, age, sex, national origin, disability, ancestry or any other trait protected by law.

Application Information

Date _____

How did you learn about us? (Please check, as applicable and explain):

Ad _____ Website _____ Employee Referral _____ Agency _____
School _____ Professional Assoc. _____ Other _____

Full Name _____
(Please print) Last First Middle

Address _____
Street City State Zip

Email Address _____ Primary Telephone Number () _____

Cell/Pager/Other number () _____ Social Security #: _____

Are you at least 18 years of age? Yes No Can you provide proof? Yes No

Do you know any Framing Express employees? No
If yes, please give name(s) and relationship to you _____

Minimum Salary Requirement: \$ _____ Hour Week Year for a Full-time Part-time position

Availability

If you were offered a position, what date would you be available to start work? _____

Are there any specific days or times that you could not work? Yes No
If yes, please list days/times you could not work: _____

Can you work "on call" or longer hours than normal if it is required? Yes No

If the position requires driving a company vehicle, can you provide verification of valid driver's license? Yes No

Can you work at more than one location if it is required? Yes No

Education/Training

High School

Number of Years Completed	1	2	3	4	Diploma: Yes	No	OR	GED: Yes	No
School	City/State								

College and/or Vocational Schools

Number of Years Completed	1	2	3	4	More than 4	Diploma: Yes	No	OR	GED: Yes	No
School	City/State									
Major	Degree Earned				Date					

College and/or Vocational Schools (cont.)

Number of Years Completed	1	2	3	4	More than 4	Diploma: Yes	No	OR	GED: Yes	No
School	City/State									
Major	Degree Earned				Date					

Other Degree, Diploma or Certification

School	City/State									
Course	Degree/Diploma/Certificate				Date:					

Record of Employment

List all prior employment. List employers in reverse order, starting with the most recent. Add another sheet as necessary.

(Include Military Service)

		May we contact your current employer?		Yes	No
Current or Last Employer		Address		Telephone	
Date Started	Starting Base Salary \$	Starting Position			
Date Left	Ending Base Salary \$	Ending Position			
Name and Title of Supervisor					
Description of Duties		Reason for Leaving			
Previous Employer		Address		Telephone	
Date Started	Starting Base Salary \$	Starting Position			
Date Left	Ending Base Salary \$	Ending Position			
Name and Title of Supervisor					
Description of Duties		Reason for Leaving			
Previous Employer		Address		Telephone	
Date Started	Starting Base Salary \$	Starting Position			
Date Left	Ending Base Salary \$	Ending Position			
Name and Title of Supervisor					
Description of Duties		Reason for Leaving			

Please explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job? Yes No
 If yes, please explain: _____

References

Please provide contact information on three individuals, other than family members, who could tell us something about your suitability for work (examples: supervisors or co-workers, teachers, counselors, community or other volunteer service leaders, colleagues, etc.)

Name _____ Relationship _____
 Telephone () _____ E-mail _____ How long have you known? _____

Name _____ Relationship _____
 Telephone () _____ E-mail _____ How long have you known? _____

Name _____ Relationship _____
 Telephone () _____ E-mail _____ How long have you known? _____

Skill tests, personality, integrity or other assessments, background checks and a drug test may be required.

Certification and Authorization

By submitting this application, I certify that the information on this application is true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission on this application may result in either rejection of my application or, if hired, dismissal whenever it is discovered. I authorize Framing Express and/or its agents to investigate, directly or indirectly, all statements contained on this application. I also authorize the references, employers, educational institutions, others listed and any other person/entity with any information about me to release any such information to Framing Express and/or its agents.

Signature _____ Date _____

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