

**APPLICANT INFORMATION**

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City			State			ZIP
Phone			E-mail Address			
Date Available			Social Security No.			Desired Salary
Position Applied for						
Union Membership affiliation if applicable (Union Name & Local #)						
Are you legally authorized to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you 18 or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for Niles Industrial Coatings or its affiliates?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
Can you, with or without reasonable accommodations safely perform the tasks of position for which you are applying?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain			
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			

**EDUCATION**

High School				Address		
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College				Address		
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other				Address		
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			

**REFERENCES**

*Please list three professional references.*

Full Name			Relationship		
Company			Phone	( )	
Address					
Full Name			Relationship		
Company			Phone	( )	
Address					
Full Name			Relationship		
Company			Phone	( )	
Address					

**PREVIOUS EMPLOYMENT**

Company					Phone	( )	
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone	( )	
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone	( )	
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

**SKILLS & CERTIFICATIONS**

Please list skills and/or certifications here (such as foreign language fluency, MUST, 1<sup>st</sup> Aid/CPR, OSHA 30, Aerial lift certification, etc):


**DISCLAIMER AND SIGNATURE**

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

I understand that my employment is contingent upon passing a pre-employment drug screen, and any necessary background security check as may be required for the specific project site to which I am applying. If this application leads to employment, I understand that false or misleading information in my application or interview is grounds for termination.

I hereby authorize any of the persons or organizations listed in my application to give all information concerning my previous employment, education, or any other information that might have personal or otherwise, with regard to any of the subjects covered by this application, and release all such parties from all liability that may result from furnishing such information to you. I authorize you to request and receive such information in consideration for my employment by Niles Industrial Coatings, LLC. I acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn with or without prior notice, at any time, at the option of either the company or me.

Signature				Date	
-----------	--	--	--	------	--

**VOLUNTARY EQUAL EMPLOYMENT OPPORTUNITY DATA**

It is the policy of Niles Industrial Coatings, LLC to assure that applicants are employed and that employees are treated during employment without regard to their race, religion, sex (including pregnancy), color, age, national origin, or physical or mental disability. All information provided in this section will be used for data collection regarding our recruitment efforts consistent with Federal equal employment opportunity laws, and for recordkeeping purposes only. This entire page 3 will be removed from the application and will not be a factor in any employment decision.

Position Applied For:		Date:	
Name:			

**GENDER (CHECK ONE)**

Male:  Female:

**ETHNICITY (CHECK ONE)**

Hispanic or Latino—a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race  
 Not Hispanic or Latino

**RACE (CHECK ALL THAT APPLY)**

American Indian or Alaskan Native—a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliations or community attachment.  
 Asian—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, or Vietnam.  
 Black or African American—a person having origins in any of the black racial groups of Africa.  
 Native Hawaiian or Other Pacific Islander—a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.  
 White—a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**ARE YOU A VETERAN OF THE UNITED STATES ARMED SERVICES? (CHECK ONE)**

Yes  No