



Equal Opportunity Employer

## Application for Employment

*Notice to applicants and employees – screening tests for illegal drugs & background checks may be required before hiring and during your employment. Incomplete applications may not be considered for hire.*

### Personal Information

Date \_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Last 4 digits of your Social Security# \_\_\_\_\_ Are you over the age of 18? \_\_\_\_\_

If not, DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Employment Desired

Position(s) applying for: \_\_\_\_\_

Date you can begin: \_\_\_\_\_ Wage Desired \_\_\_\_\_

Availability:      Days      Nights      Weekends      Full Time      Part Time      Temporary

Are you currently employed?      Yes      No

If yes, may we contact employer?      Yes      No

Ever applied to this company before? \_\_\_\_\_ When \_\_\_\_\_ Where \_\_\_\_\_

If hired, can you submit legal verification to work in the United States?      Yes      No

Have you served in a branch of the U.S. Military? \_\_\_\_\_ Rank \_\_\_\_\_

Are there any physical limitations that would prevent you from performing any requirements of the position for which you are applying?      Yes      No      If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*(\*\*Most positions require that you be able to stand 6 – 8 hours, lift a minimum of 35 lbs. with repetitive motions. Some positions may require the use of a respirator due to paint spraying operations.)*

How did you hear about us? \_\_\_\_\_

**Education**

**High School** \_\_\_\_\_ Graduate? Yes No

City & State \_\_\_\_\_

**College** \_\_\_\_\_ Graduate? Yes No

City & State \_\_\_\_\_

Major \_\_\_\_\_

**Trade/Business/Graduate School** \_\_\_\_\_ Graduate? Yes No

City & State \_\_\_\_\_

Major/Certificate \_\_\_\_\_

**Subjects of special study, research, work or training skills:**

\_\_\_\_\_

**General Information**

Have you ever been convicted of a felony? Yes No

(This question must be answered to be considered for employment)

If yes, what is the conviction?: \_\_\_\_\_

**Former Employers** (Please start with most recent)

**Name of Employer** \_\_\_\_\_ **Dates** \_\_\_\_\_

City & State \_\_\_\_\_ Phone # \_\_\_\_\_

Wage \_\_\_\_\_ Position \_\_\_\_\_ Contact name: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Name of Employer** \_\_\_\_\_ **Dates** \_\_\_\_\_

City & State \_\_\_\_\_ Phone # \_\_\_\_\_

Wage \_\_\_\_\_ Position \_\_\_\_\_ Contact name: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Name of Employer** \_\_\_\_\_ **Dates** \_\_\_\_\_

City & State \_\_\_\_\_ Phone # \_\_\_\_\_

Wage \_\_\_\_\_ Position \_\_\_\_\_ Contact name: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Name of Employer** \_\_\_\_\_ **Dates** \_\_\_\_\_

City & State \_\_\_\_\_ Phone # \_\_\_\_\_

Wage \_\_\_\_\_ Position \_\_\_\_\_ Contact name: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Name of Employer** \_\_\_\_\_ **Dates** \_\_\_\_\_

City & State \_\_\_\_\_ Phone # \_\_\_\_\_

Wage \_\_\_\_\_ Position \_\_\_\_\_ Contact name: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Professional References** (List 3 people not related to you & whom you've known at least one year)

Name \_\_\_\_\_ Years known \_\_\_\_\_  
City & State \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship & Company \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_  
City & State \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship & Company \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_  
City & State \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship & Company \_\_\_\_\_

**Acknowledgement**

I authorize an inquiry to be made on the information contained in this application if I am considered for employment. I affirm that the information on this application is correct, and understand that any falsified statements or omission of any facts will be sufficient cause for termination if I am employed. Former employers and educational institutions named herein are authorized to provide information about me, and I hereby release them from all liability for providing such information.

I understand that nothing contained in this employment application, and no company policies, procedures, or handbooks that I might receive, are intended to create an employment contract between *Gunslinger Custom Paint* and me. If I am employed, I understand that I have the right to terminate my employment at any time and that *Gunslinger Custom Paint* retains a similar right.

I understand that an offer of employment will be contingent on passing a drug screen and criminal background check. If the results of these screenings are not completed when I start employment, I understand my employment will be terminated if the results do not meet the company's employment requirements.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

\_\_\_\_\_  
Applicants signature

\_\_\_\_\_  
Date

# GUNSLINGER CUSTOM PAINT

## PURPOSE OF THE COLE GROUP

*The Cole Group* will assist you in procurement of this job opportunity by providing to **GUNSLINGER CUSTOM PAINT** verification of your background, job skills, work history, experience, and dependability.

### CONSENT FORM

I consent to and request that *The Cole Group* make inquiries necessary to verify the information I have provided on my resume, application, and during interviews by and for **GUNSLINGER CUSTOM PAINT**. I understand and agree that *The Cole Group* may now, or at any time in the future if I obtain this job, make inquiries concerning my past employment history (to include pay, attendance, dates of employment, and reasons for leaving); medical history; education; financial responsibility; worker's compensation claims history; involvement in prior litigation; and criminal history. I further request that the results of these inquiries be communicated to **GUNSLINGER CUSTOM PAINT** and understand that the information will be utilized to evaluate me for possible current or future employment, promotion or reassignment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### RELEASE OF LIABILITY

I understand that the sole purpose of The Cole Group is to assist me in demonstrating my suitability for and procuring employment at **GUNSLINGER CUSTOM PAINT**. To accomplish this, I authorize and request that The Cole Group contact any or all of the following information sources: former employers, courts, law enforcement agencies, correctional facilities, jails, and all other government record repositories. I agree that any inaccurate information provided about me shall not be the fault of The Cole Group or **GUNSLINGER CUSTOM PAINT** and that sole responsibility shall be attributed to the source of that information. Accordingly, I hereby release from liability and hold harmless The Cole Group and **GUNSLINGER CUSTOM PAINT** and any contributing firm, individual, government agency, and all of their officers, employees, and agents. NOTICE: You may write to The Cole Group at 5151 Katy Freeway, Suite 204 Houston, TX 77007 and request the nature and substance of any information obtained from these sources. Please include a stamped and self-addressed envelope.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### AUTHORIZATION FOR FORMER EMPLOYERS TO PROVIDE INFORMATION

I hereby request the full disclosure of all information concerning my employment at your company, to include DATES OF EMPLOYMENT, my job title/position, pay, and REASON FOR LEAVING. I release and hold harmless all former employers from any damages, claims, causes of action and liability in reference to furnishing and verifying such information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

A summary of your rights as a Consumer is provided at: <http://www.ftc.gov/bcp/edu/pubs/consumer/credit/cre35.pdf>

# GUNSLINGER CUSTOM PAINT

## WRITTEN CONSENT AND REQUEST TO OBTAIN MOTOR VEHICLE RECORDS (M.V.R.)

DRIVER complete section 1 & 2 only

### Section 1, Disclosure

**GUNSLINGER CUSTOM PAINT** will utilize The Cole Group, a records investigation firm, to assist you in procuring and providing your Motor Vehicle Records from the state(s) Department of Public Safety, Department of Motor Vehicles, or such similar agencies. Motor Vehicle Records obtained by The Cole Group, now and in the future, will be communicated to **GUNSLINGER CUSTOM PAINT** and utilized to evaluate you for your status as insurable, a possible offer of employment, and future promotion, or retention as an employee. I hereby acknowledge the above disclosure and grant unlimited consent for The Cole Group to make such inquiries and to communicate the results to **GUNSLINGER CUSTOM PAINT**.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

### Section 2, Release of Liability and Provision of Written Consent

I agree that any inaccurate or incomplete records or information provided to The Cole Group will be the sole responsibility of the appropriate government source. Notice: Within a reasonable time, you may write to The Cole Group at 5151 Katy Freeway, Suite #204, Houston, Texas, 77007, and request the nature and substance of information provided by these sources of records. **You must include a self addressed stamped envelop with any such request.** Accordingly, I hereby provide written consent, release from liability, and hold harmless The Cole Group, and **GUNSLINGER CUSTOM PAINT**, and all of the owners, officers, and employees of both companies from any blame, claim, lawsuit, liability, compensation, or damages arising out of or relating to the acquisition or use of this Motor Vehicle Record. I consent to and request that The Cole Group communicate to **GUNSLINGER CUSTOM PAINT**, all information obtained now and in the future from the above government sources. I understand that The Cole Group does not make the hiring or retention decision or evaluate the Motor Vehicle Record, and that **GUNSLINGER CUSTOM PAINT** or their insurance company makes such decisions solely.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**THE BELOW INFORMATION MUST BE FILLED OUT TO RUN THE MVR**

### Section 3, Vital Statistics

ALL INFORMATION MUST BE CLEARLY PRINTED IN CAPITAL BLOCK LETTERS OR TYPED BY A COMPANY REPRESENTATIVE WHO HAS SEEN AND VERIFIED THE INFORMATION SHOWN ON THE DRIVER'S LICENSE.

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
DATE OF BIRTH (MM/DD/YYYY)

\_\_\_\_\_  
SOCIAL SECURITY #

\_\_\_\_\_  
DRIVER LICENSE NUMBER

\_\_\_\_\_  
STATE

**PLEASE REVIEW ABOVE LISTED NAME, DATE OF BIRTH, AND LICENSE NUMBER FOR ACCURACY.**

Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington DC 20580.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus that gather and sell information about your creditworthiness to creditors, employers, landlords, and other businesses. The FCRA gives you specific rights, which are summarized below. You may have additional rights under state law. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit), or write to: Consumer Response Center, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

**You must be told if information in your file has been used against you.** Anyone who uses information from a consumer reporting agency to deny your application for credit, insurance, or employment – or take another adverse action against you – must tell you and give you the name, address, and phone number of the agency that provided the information.

**You can find out what is in your file.** At any time, you may request and obtain your report from a consumer reporting agency. You will be asked to provide proper identification, which may include your Social Security number. In many cases the report will be free. You are entitled to free reports if a person has taken adverse action against you because of information in a report; if you are the victim of identity theft; if you are the victim of fraud; if you are on public assistance; or if you are unemployed but expect to apply for employment within 60 days. In addition, you are entitled to one free report every twelve months from each of the nationwide credit bureaus and from some specialized consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for details about how to obtain your free report.

**You have a right to know your credit score.** Credit scores are numerical summaries of a consumer's creditworthiness based on information from consumer reports. For a fee, you may get your credit score. For more information, click on [www.ftc.gov/credit](http://www.ftc.gov/credit). In some mortgage transactions, you will get credit score information without charge.

**You can dispute inaccurate information with the consumer reporting agency.** If you tell a consumer reporting agency that your file has inaccurate information, the agency must take certain steps to investigate unless your dispute is frivolous. For an explanation of dispute procedures, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

**Inaccurate information must be corrected or deleted.** A consumer reporting agency or furnisher must remove or correct information verified as inaccurate, usually within 30 days after you dispute it. However, a consumer reporting agency may continue to report negative data that it verifies as being accurate.

**Outdated negative information may not be reported.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

**Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need as determined by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

**Your consent is required for reports that are provided to employers.** A consumer reporting agency may not give out information about you to your employer, or potential employer,

without your written consent. Blanket consent may be given at the time of employment or later.

**You may choose to remove your name from consumer reporting agency lists for unsolicited credit and insurance offers.** These offers must include a toll-free phone number you can call if you choose to take your name and address off lists in the future. You may opt-out at the major credit bureaus by calling 1-800-567-8688.

**You may seek damages from violators.** If a consumer reporting agency, a user of consumer reports, or, in some cases, a furnisher of information to a consumer reporting agency violates the FCRA, you may sue them in state or federal court.

**Identity theft victims and active duty military personnel have additional rights.** Victims of identity theft have new rights under the FCRA. Active-duty military personnel who are away from their regular duty station may file "active duty" alerts to help prevent identity theft. For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state or local consumer protection agency or your state Attorney General.

The FCRA gives several federal agencies authority to enforce the FCRA:

TO COMPLAIN AND FOR INFORMATION:	PLEASE CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4367 (Toll-Free)
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921 Department of Agriculture	Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051