

Portland Coatings, Inc.

DBA Williamsen & Bleid

11015 SW Capitol Highway, Portland OR 97219

503-288-5241

503-288-4101 (Fax)

www.williamsenbleid.com

Application for Employment

Portland Coatings, Inc. dba Williamsen & Bleid provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

This application will be considered only for the specific job applied for; it will not be retained. If you would like to be considered for a position in the future, you must file a new application.

		App	olicant	: Information			
Full Name:						Date:	
	First	M.I.			Last		
Address:							
	Street Address					Apartment/Unit ‡	<u> </u>
	City				State	ZIP Code	
Phone:				Email			
Position Ap	pplied for:	YES	NO			YES	NO
Do you have a valid driver's license?		YES	NO	Are you over	18 years of age?	YES	NO
Are you a citizen of the United States?		YES	NO NO	If no, are you	authorized to worl		
Have you ever worked for this company?				If yes, when?_			
Have you ever been convicted of a felony?		YES	NO				
If yes, expla	ain:						

		Experi	ence			
Do you have experience	ce in any of the follo	owing?				
Matching Colors	Spray	Roll	Paper F	Hanging \square	Vinyl Hanging	
Brush	Swing	Stage	Flexwo	od	Other	
Special Trainings or ex	kperience:					
How did you hear abou	at this position:					
		Previous Em	ployment			
Please list most recent	employers first					
Company:					Phone:	
				_	rvisor:	
Job Title:		Starting Sa	lary: <u>\$</u>	En-	ding Salary: <u>\$</u>	
Responsibilities:						
From:	To:		Reason for	Leaving:		
May we contact your p	orevious supervisor	for a reference?	YES	NO		
Company:				1	Phone:	
A 11					rvisor:	
					ding Salary:	
Responsibilities:						
From:	То:		Reason for	· Leaving:		
May we contact your p	orevious supervisor	for a reference?	YES	NO		
Company:				1	Phone:	
Address:				Supe	rvisor:	
Job Title:		Starting Sa	lary: <u>\$</u>	En	ding Salary:	
Responsibilities:						
From:	To:	To: Reason for Leaving:				
May we contact your p	orevious supervisor	for a reference?	YES	NO		

Military Service					
Branch:	From: To:				
Rank at Discharge: Type of Discharge:					
If other than honorable, explain:					
	References				
Please list three professional references who are no	ot related to you.				
Full Name:	Relationship:				
Company:	DI				
Address:					
Full Name:	Relationship:				
Company:	ni				
Address:					
Full Name:	Relationship:				
Company:	_,				
Address:					
Addi	tional Information				
	maintain regular attendance and to work day or evening shifts. ent regularly during these shifts, please indicate which shifts you				
	vith or without reasonable accommodation? If you require tion would permit you to perform the duties in question:				
Please list any criminal convictions (other than trainecessarily bar you from employment	ffic infractions) sustained in the last 10 years <u>. Convictions will not</u>				
Discla	imer and Signature				
I certify that my answers are true and complete to	the best of my knowledge.				
If this application leads to employment, I understainterview may result in my release.	nd that false or misleading information in my application or				
We reserve the right to employ at will. This means with or without notice, at any time, at the option of	that employment can be terminated, with or without cause, and if the company or at the option of the employee				
Signature:	Date:				