



JOHN BYRNE PAINTING, INC. HAS A STRICT DRUG POLICY

IF OFFERED EMPLOYMENT
YOU WILL BE TESTED FOR DRUGS
AT YOUR OWN EXPENSE

IF YOU HAVE USED DRUGS (THIS INCLUDES MARIJUANA) IN THE
LAST 90 DAYS, YOU NEED NOT TO CONTINUE WITH THE JOB
APPLICATION PROCESS.

ALSO JOHN BYRNE PAINTING, INC. WILL DO A CRIMINAL HISTORY
CHECK TO VERIFY THE STATEMENTS MADE ON YOUR APPLICATION.

PLEASE KEEP THESE TWO ITEMS IN MIND AND DO NOT WASTE YOUR
TIME OR THE COMPANY'S TIME IF YOU KNOW THAT YOU WILL NOT
PASS THE DRUG TEST OR THE CRIMINAL CHECK.

I HAVE NOT USED DRUGS/MARIJUANA IN THE LAST 90 DAYS.

(SIGN)

(DATE)

****Please EMAIL to estimate@johnbyrnepainting.com or FAX to 610-337-3709****

SEE THE DIFFERENCE!

www.johnbyrnepainting.com

1160 DeKalb Street, King of Prussia, PA 19406 ♦ (610) 337-3711 ♦ Fax (610) 337-3709



EMPLOYMENT APPLICATION

Please Print:

Date of Application: _____

Position Applied For: _____ **Date you can start:** _____

Name: _____ **Phone #** _____

Address: _____
Street City State Zip

Social Security #: _____ **Drivers License #** _____

Are you legally authorized to work in the USA? YES or NO

Do you have friends or relatives working here? YES or NO

Have you ever been employed here before? YES or NO

If yes, give dates: From _____ To: _____

Reason for leaving: _____

Have you ever been convicted of a crime other than a minor traffic violation? YES or NO

If yes, Please Explain _____

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

What hours are you available to work? _____

NOTE: Some projects will require you to work nights and/or weekends

Will you work overtime if required? YES or NO

Will you work nights if required? YES or NO

Will you work weekends if required? YES or NO

Will you travel if the job requires it? YES or NO

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EMPLOYMENT EXPERIENCE

1. Name of Employer: _____ Salary or Hourly Rate _____
 Name of Supervisor _____ Phone # _____
 Address _____
 Date Employed from _____ to _____
 Reason for Leaving _____
 Job Duties _____

2. Name of Employer: _____ Salary or Hourly Rate _____
 Name of Supervisor _____ Phone # _____
 Address _____
 Date Employed from _____ to _____
 Reason for Leaving _____
 Job Duties _____

3. Name of Employer: _____ Salary or Hourly Rate _____
 Name of Supervisor _____ Phone # _____
 Address _____
 Date Employed from _____ to _____
 Reason for Leaving _____
 Job Duties _____

Gaps in Employment (Account for all periods of unemployment of three months duration or more in the above employment history, excluding periods of time when you were a full-time student)

From	To	State what you were doing

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JOHN BYRNE
PAINTING


REFERENCES

List name and phone number of two business/work references who are *NOT* related to you.

Name: _____ Phone # _____

Relationship: _____ Years Known: _____

Name: _____ Phone # _____

Relationship: _____ Years Known: _____

EDUCATION BACKGROUND

High School: _____ # of Years attended: _____

Major Subject of Study: _____ Graduate? YES or NO

College: _____ # of Years attended: _____

Skills and Qualifications: _____

MILITARY EXPERIENCE

Branch of Service _____ Specialty: _____

Highest Rank _____ # of Service Schools Attended: _____

In Case of Emergency, whom may we contact?

Name: _____ Phone #: _____

I understand that IF I am hired, my employment can be terminated by the Company at any time, with or without cause, and without notice.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS CORRECT, AND I UNDERSTAND THAT ANY FALSIFICATION OR OMISSION OF ANY INFORMATION ON THIS APPLICATION WILL RESULT IN MY DISQUALIFICATION OR TERMINATION OF EMPLOYMENT IF HIRED.

* Application invalid after 30 days*

Signature of Applicant _____ Date _____

Applicant Name (Please Print) _____

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