



# JPCI SERVICES

4702 E Virginia Street Mesa AZ 85215-9101  
 (480) 986-1212 FAX (480) 380-4461

**DO NOT Submit Electronically, Only Physical Applications are accepted at our office.**

## Application For Work

**Personal Information:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Do you Have Transportation? \_\_\_\_\_

Do you have a good driving record? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

How many years work experience do you have? \_\_\_\_\_

How many years industrial work experience do you have? \_\_\_\_\_

Have you applied Multicomponent coatings? \_\_\_\_\_

List Types: \_\_\_\_\_

Do you own a respirator? \_\_\_\_\_  
Types? \_\_\_\_\_

Have you used an O2 air Monitor? \_\_\_\_\_

List any special training you have: \_\_\_\_\_

What types of solvent have you used? \_\_\_\_\_

Are you willing to work:	Yes	No	If no, for what reason:
Weekends			
Nights			
High Work(Scaffolding/Manlift)			
Special Coatings			
Confined Space			
Can you lift 80 lbs.			

**Employment Desired**

Position: \_\_\_\_\_

Date you can start: \_\_\_\_\_

Salary Desired: \_\_\_\_\_

Do you have painting uniforms? \_\_\_\_\_

Are you employed now? \_\_\_\_\_

If so, may we inquire of your present employer? \_\_\_\_\_

(Continued on next page)

Education	Name & Location of School	Did you Graduate?	Subject Studied
High School			
College			
Trade School			
Other			

**Former Employers ( List Last employers, starting with the most recent first)**

Date (Month & Year)	Name & Address of Employer	Salary	Position
From			
		Phone	Reason for Leaving
To			
Date (Month & Year)	Name & Address of Employer	Salary	Position
From			
		Phone	Reason for Leaving
To			
Date (Month & Year)	Name & Address of Employer	Salary	Position
From			
		Phone	Reason for Leaving
To			

References: (Give below the names of three persons not related to you whom you have known at least one year).

Name	Address & Phone Number	Business	Years Acquainted
1	( ) -		
2	( ) -		
3	( ) -		

In case of  
emergency notify:

Relation:

Address:

Phone: ( )

I authorize investigation of all statements contained in this application. I understand that a condition of employment is the passing of a drug test paid for and arranged by this company. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date, payment of my wages and/or salary, be terminated at any time without and previous notice.

**Signature:**

**Date:**