



PAINT - DRYWALL - TRIM

TEAM MEMBER APPLICATION FORM

We are an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, creed, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, and any other legally protected status. It is our policy to abide by all Federal, State and Local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

Personal Information

Name: last, first, middle	Date
Street Address	Phone
City, State, Zip	How long at present address?

Were you previously employed by SEG? yes no Dates employed: _____

Have you previously applied to any SEG? yes no

Position applying for: _____ If hired, how long do you expect to stay? _____ Wages expected: _____

Check the following options which you would consider: Full Time Part Time Temporary

Emergency contact/Name: _____ Phone: _____ Relation: _____

Are you willing to work nights, weekends and holidays? yes no(explain) _____ Are you employed now? yes no

_____ Date available for work: _____

Education and Training

School	Name & Location of School	Course of Study	#of Years Completed	Did you Graduate?	Diploma or Degree
High School				<input type="checkbox"/> yes <input type="checkbox"/> no	
College or University				<input type="checkbox"/> yes <input type="checkbox"/> no	
College or University				<input type="checkbox"/> yes <input type="checkbox"/> no	
Trade School				<input type="checkbox"/> yes <input type="checkbox"/> no	
Apprentice School				<input type="checkbox"/> yes <input type="checkbox"/> no	

List any other education, training, special skills or certificated/licenses that you possess: _____

Additional Employment Related Information

List any relatives or friends working for SEG:

Name	Relationship
_____	_____
_____	_____

Can you verify your legal rights to work in the U.S. by providing a birth certificate, proof of U.S. Citizenship, or by some other means? yes no

If you are under 18, can you furnish a work permit? yes no Are you able to perform the jobs for which you are applying? yes no

Have you ever been convicted of a crime in the past 7 years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? yes no If "yes", please describe in detail: _____

References

Give below the names of three persons not related to you whom you have known at least one year

Name	Address	Phone	Business	Years Known

Previous Employers

List previous employers starting with the most recent

Name & Address	Position/Salary	Dates from - to	Reason for Leaving	Supervisor & Phone #	May We Contact

Application Certification

Please read carefully before signing.

I certify that my answers are true and correct. If I am hired and any information that I provided in this application is found to be untrue, or if any material statement is omitted, I understand that I may be subject to discipline, up to and including discharge, any time during the period of my employment.

I understand that Southeastern Group (the company) has a policy of zero tolerance for drugs in the workplace. If I received an offer of employment, I agree to fully comply with the Company's Substance Abuse Policy stated in the Employee Handbook.

ARBITRATION. I understand that if any dispute arises from my application or candidacy for employment, employment and/or cessation of employment with the Company (whether initiated by me or the Company), it will be submitted to final and binding arbitration pursuant to the then-current employment arbitration ruled, procedures and policies.

AT-WILL EMPLOYMENT. I understand that this application and/or anything communicated to me during the application process is not intended to and does not create an employment contract between me and the Company. I further understand and agree that, if I receive and accept an offer of employment, my employment relationship with the Company will be "at will" and not for any specified period of time. I understand that this means that either the Company or I may terminate my employment at any time, with or without cause and with or without notice. I understand that in absence of a writing signed by the President of the Company which expressly provides that I will be employed for a specified period of time, no policy, statement, conduct, or action on the part of the Company, or any of its personnel, may change or waive the "at-will" nature of my employment relationship.

Applicant's Signature

date

Availability

Please put an X in box that represents the shifts you ARE NOT available to work.

Day of the Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM shift							
PM shift							