



APPLICATION FOR EMPLOYMENT

Please answer all questions. Resumes are not a substitute for a completed application.

Nu Look Seal Coating Company, Inc. is an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

For Rhode Island Employers Only: This Company is subject to the Workers' Compensation laws of the State of Rhode Island.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

PERSONAL INFORMATION

Name _____ Date _____

Address _____
(Street) (City) (State) (Zip Code)

Phone (Day) _____ (Evening) _____

Are you 18 years or older? Yes No Are you legally authorized to work in the US? Yes No

Have you been previously employed here? Yes No If yes, date(s) _____

Are you currently employed? Yes No If yes, may we contact your employer? Yes No

Do you know anyone currently working here? Yes No If yes, who? _____

If hired, will you have reliable transportation to work? Yes No

If no, explain limitations _____

Have you ever served in the Military? Yes No

If yes, which branch? _____ Rank _____

Present membership in National Guard or Reserves? Yes No

Nu Look Seal Coating Company, Inc.
PO Box 17306
Smithfield, RI 02917



Have you ever had a Worker's Compensation claim? Yes No

If yes, please explain _____

I understand that if this position requires a valid driver's license, proof will be required after hire

Signature: _____

EDUCATION

School Level	Name/Location	Course of Study	# Years Completed (Circle One)	Diploma/Degree
High School			1 2 3 4	
Undergraduate College			1 2 3 4	
Graduate College			1 2 3 4	
Other (Specify)			1 2 3 4	

EMPLOYMENT DESIRED

Position(s) applied for _____

Kind of work desired: Full Time Part Time

If part-time, please specify hours/days desired _____

Do you have any special training, skills, qualifications, licenses, or other experiences that relate to the position(s) applied for? _____

Have you ever sustained any injuries or other physical ailments which may impair your ability to perform the job for which you are applying? _____

Salary Desired _____ Date Available to Start Work _____



EMPLOYMENT HISTORY

Please list your last three employers, beginning with the most recent

Employer Name/Address: _____

Supervisor _____ Phone _____

Job Title _____

Work Performed _____

Reason for Leaving _____

Date Started _____ Date Left _____ Starting Wage _____ Final Wage _____

Employer Name/Address: _____

Supervisor _____ Phone _____

Job Title _____

Work Performed _____

Reason for Leaving _____

Date Started _____ Date Left _____ Starting Wage _____ Final Wage _____

Employer Name/Address: _____

Supervisor _____ Phone _____

Job Title _____

Work Performed _____

Reason for Leaving _____

Date Started _____ Date Left _____ Starting Wage _____ Final Wage _____



REFERENCES

List three persons familiar with your character, ability or education for more than one year. Please do not include relatives.

Name/Address _____

Phone _____ Years Known _____

Name/Address _____

Phone _____ Years Known _____

Name/Address _____

Phone _____ Years Known _____

AUTHORIZATION AND UNDERSTANDING

I certify that all information given in this Application is true and complete. I authorize the Company to investigate my work and personal history and verify all data given on this Application and in Interviews. This inquiry may include information as to my character, general reputation and personal characteristics, and I consent to the conduct of this inquiry and to the consideration of any statements or references by former employers that are given in response to the inquiry. I authorize all individuals, school and employers named, except as specifically limited on this application, to provide information requested about me, and I release them and the Company from liability for damages in providing or using this information. I understand and acknowledge that any misrepresentation, omission, or incorrect statement of fact can result in rejection of my application or, if hired, immediate discharge.

I understand that I may be asked to demonstrate that I am capable of performing tasks essential to the job within reasonable accommodation and that if offered a job, it may be conditioned on the results of a physical examination and drug and alcohol test.

I also understand that if hired, my employment will be at the will of Nu Look Seal Coating Company, Inc. and can be terminated with or without cause, and with or without notice, at any time at the option of either the Company or me. I further understand that no manager, representative, agent or employee of the Company, other than its President, has now or has had in the past any authority to enter into any agreement for employment or any specified period of time or to make any agreement which is contrary to or a modification of the at-will employment relationship. Any modification of the at-will employment relationship must be by the President of the Company in writing that specifically acknowledges that it is a modification of the at-will employment relationship and that is signed by the President of the Company. I am aware that any collective bargaining agreement covering my employment may also alter the at-will nature of my employment.

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I understand and agree that if I become employed by the Company, in consideration for my employment I will not commence any action, including any administrative claim or lawsuit, against the Company, its agents or employees, which in any way relates to my employment and/or termination of my employment, more than one (1) year after the date of the event giving rise to said actions. I acknowledge that the statute of limitations for some claims may be longer and I hereby knowingly and voluntarily waive any statute of limitations to the contrary.

Date

Applicant's Signature

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