

Welcome to HBS Painting!

We're happy that you have chosen to explore the opportunity of joining our Team. The following application needs to be completed and submitted for consideration.

HBS Painting is a customer service oriented organization focusing on the best painting services in Southern California. As HBS is working hard to be a leader, the need for talent on all levels is essential for our survival and success. Although different positions require different responsibilities and skills, HBS focuses on the common characteristics with each individual invited to join the Team.

We employ above average performers who enjoy working hard, doing a great job, and most importantly, helping people. Candidates will be measured by their ability to multi-task, working in a fast pace environment on various levels, "keeping smiles" all around with co-workers and with the Customer. We believe "trust" is a key ingredient to breeding healthy relationships within our organization and especially with our Customers. The ability to create an emotional connection with a Customer on the telephone, via email, and/or in person is crucial to all job positions. Honest Home is more than just services. It's all about building strong relationships and changing lives. That's why we encourage our Team to live as an example as good listerners and total professionalism to help each customer achieve their desired look and feel in their home or business.

You have two options to sending us your application via email at tyler@hbspaint.com, or mail it to the following address:

HBS Painting Inc. 22941 Savi Ranch Parkway Yorba Linda CA, 92887

Again, thank you for your interest with HBS, and we wish the very best of success with your career no matter where it takes you.

Best regards, Bob Hoppe

HTBSPremier Painting & FinishHOME & COMMERCIAL

We appreciate the time you are dedicating to the completion of this application. It is important that you fully and accurately complete this application yourself and indicate the position(s) for which you wish to be considered. Please be sure to complete this application in the most thorough and cautious manner possible, as we use a sophisticated and detailed background and employment screening process that will disclose inaccurate, false, incomplete and/or omitted information.

The following must be filled out completely for your application to be considered.

(Please Print)

PERSONAL INFORMATION

Last Name	First Name	Middle Name			
Social Security Number	Driver License No.	State Issued			
Home Telephone ()	Cell Phone ()	Business Tel ()			
Email Address					
		Zip Code			
City	State	Zip Code			
Please list the cities and corresponding state in which you have lived during the past 7 years:					
For identification purposes only: Month of Birth (Jan - Dec) Day of Birth (1 - 31) (Do Not Supply Year of Birth)					
Have you used any name(s) and/or social security number(s) other than that noted above? Yes No					
Please List Other Name(s) Used					
Please List Other Social Security Number(s) Used					
Are you at least 18 years old? □ Yes □ No (If under 18 years of age, proof of minimum legal working age will be required if you are hired.)					

In accordance with the federal Immigration and Reform Act of 1986, if you are employed by our Company, you will be asked to provide documentation that verifies your legal right to work in the United States. If you are unable to provide acceptable documentation, the Company cannot legally employ you. If hired, can you present evidence of your right to work in the U.S.? \Box Yes \Box No

If hired, would you have a reliable means of transportation to and from work?
Yes No

EMPLOYMENT INFORMATION

Position Desired					
Are you available to work on weekends? □ Yes □ No					
Are you available to work overtime, if necessary? □ Yes □ No					
If hired, on what date can you start work?					
Salary Desired					
Have you applied to or worked for our compar	ny before? □ Yes □ No				
If yes, when?					
Do you have any friends or relatives working for our company? □ Yes □ No					
If yes, list name(s) and corresponding relation	ship:				
Do you have any commitment to another entity or person that might affect your employment? □ Yes □ No					
If yes, please explain:					
EDU	CATION, TRAINING AND S	KILLS			
High School: Name	City/State	Did You Graduate? □ Yes □ No			
Degree or Diploma Attempted/Earned		Years Completed			
College/University: Name	City/State	Did You Graduate? □ Yes □ No			
Degree or Diploma Attempted/Earned		Years Completed			
Vocational School: Name	City/State	Did You Graduate? □ Yes □ No			
Degree or Diploma Attempted/Earned		Years Completed			
Please list any foreign languages you speak, i	read, write, and/or understan	d:			

Please describe any other experience, training, qualifications, and/or skills that make you especially suited to work at our company:

EMPLOYMENT HISTORY

Are you presently employed? □ Yes □ No

If yes, may we contact your present employer?
 Yes
 No

Please provide a complete and accurate account of your employment history by listing all present and previous employers within the last ten years, beginning with your most recent employer. Please note that this section must be completed even if attaching a resume. Furthermore, please be sure to attach any additional pages as needed.

(1) Company Name	Type of Business		
City/State	Company Telephone ()		
Supervisor Name/Title			
Dates of Employment: From	То	Job Title	
Please describe both your position and responsi	bilities:		
Earnings: Starting	onthly D Yearly	Ending	
Was your termination voluntary or involuntary?	□ Voluntary □ I	nvoluntary	
Please describe the exact reason for your termir	ation:		
(2) Company Name	Ту	pe of Business	
City/State		Company Telephone ()	
Supervisor Name/Title			
Dates of Employment: From	То	Job Title	
Please describe both your position and responsi	bilities:		
Earnings: Starting	onthly D Yearly	Ending	
Was your termination voluntary or involuntary?	□ Voluntary □ I	nvoluntary	
Please describe the exact reason for your termir	ation:		
(3) Company Name	Τv	pe of Business	
		Company Telephone ()	
Supervisor Name/Title			
Dates of Employment: From		Job Title	
	· •		

Please describe both your position and responsibilities:

Earnings: Starting	D Hourly D Monthly D Yearly Ending D Hourly D Monthly D Yearly
Was your termination volunta	ary or involuntary? 🛛 Voluntary 🗇 Involuntary
Please describe the exact re	ason for your termination:
(4) Company Name	Type of Business
City/State	Company Telephone ()
Supervisor Name/Title	
Dates of Employment: From	To Job Title
Please describe both your po	osition and responsibilities:
Earnings: Starting	D Hourly D Monthly D Yearly Ending D Hourly D Monthly D Yearly
Was your termination volunt	ary or involuntary? 🛛 Voluntary 🗇 Involuntary
Please describe the exact re	ason for your termination:
Have you ever been involunt	tarily terminated or asked to resign from a job? □ Yes □ No
If yes, please explain:	
How were you referred to ou	ir company?
Please describe why you wo	ould like a position with our company:

UNEMPLOYMENT HISTORY

Please account for all times of unemployment during the last ten years, after completing school, by listing both the period(s) of time and the reasons for unemployment. Do not include periods of unemployment of one month or less.

PROFESSIONAL REFERENCES

List below three persons not related to professional performance abilities with	you, from either a business or academic settings, in the last three years.	, who have knowledge of your
(1) Reference Name	Relationship	Years Known
(2) Reference Name	Relationship	Years Known
(3) Reference Name	Relationship	Years Known
	LICENSE INFORMATION	
License/Certificate Name	License/Certificate Number	State Issued
If your license/certificate has ever laps	ed, been revoked or suspended, please explain:	
	MILITARY SERVICE	
Branch of Service		
Dates of Enlistment: From	To Rank .	Attained
Are you presently a member in the Nat	tional Guard or Reserves? □ Yes □ No	
If yes, list the date your obligation ends	S	
Please describe any special skills you	have obtained as a result of your service in the m	ilitary:
	ATTENDANCE HISTORY	
Is there any reason you would not be a	able to fully conform to all attendance requirement	s? □ Yes □ No
If yes, please explain:		
How many Mondays and/or Fridays we	ere you absent last year, other than vacation leave	e?
Please explain:		

CRIMINAL HISTORY

Please respond to the following questions in the most complete and accurate manner possible. Do not identify convictions for convictions for which the criminal record has been expunged or sealed by the court; or, misdemeanor convictions for which any probation has been completed and the case dismissed by the court. Furthermore, please note that no applicant will be denied employment solely on the grounds that they have been charged, committed, or convicted of (or pleaded guilty or no contest to) a criminal offense; or, solely on an affirmative answer. The nature, date, surrounding circumstances, and relevance of the offense to the position(s) applied for will be considered.

Have you ever, under your name or another name, been convicted of (or pleaded guilty or no contest to) a felony or misdemeanor?
Yes
No

Have you ever, under your name or another name, been convicted of a crime which resulted in your being in prison and/or jail and released from prison and/or jail or paroled? □ Yes □ No

If yes to either question noted above, please fully explain when, where and of what you were convicted and the result of the case(s):

Are you currently under arrest, or released on bond on your own recognizance, pending trial for any type of criminal offense?

Yes
No

If yes, state the nature of the crime charged, and when and where the trial is pending:

Have you used illegal drugs in the last six months? □ Yes □ No

Do you take any illegal drugs or medications, which have not been prescribed for you?
Yes No

If yes to either of the above questions, when was the last time you used illegal drugs?

Please explain:

Have you ever been convicted of driving under the influence (DUI)? □ Yes □ No

Do you use alcohol to the extent that it would impair your job performance?
Yes No

If you have been supplied with a job description or are applying for a particular position with our company, do you believe you are able to perform the essential functions of the job (with or without reasonable accommodation?
Yes
No

If no, describe the functions that cannot be performed:

AUTHORIZATION

Please read the following carefully, being sure to initial each paragraph, sign and print your name, and date once completed. Please complete and sign any separate documents that may be attached.

By my signature and initials placed below, I promise that I have personally completed this application. I declare under penalty of perjury that the information provided in this employment application (and the accompanying resume, if applicable) is true and complete, and I understand that any false information or significant omissions may disqualify me from consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I understand that any job offer is conditional, based on the satisfactory review of my qualifications including any and all background or drug

I give permission for a pre-employment drug and alcohol screening exam, and, if the company makes a conditional job offer, I give permission for a complete physical and mental examination. I also consent to the appropriate release of any and all medical information, as may be deemed necessary.

I understand that, if hired, I may not hold other employment or engage in other activities that create a conflict of interest with my position with the company, unless I have been given permission in writing by

I voluntarily and knowingly authorize any present or past employer or supervisor, educational institution, administrator, law enforcement agency, state, local, or federal agency, credit bureau, collection agency, private business, military branch or the national personnel records center, personal reference, and/or any other persons to give records or information they may have concerning my criminal history, motor vehicle history, educational history, license history, employment history (including character, earnings, and reasons for termination), or any other info requested by the company deemed pertinent to my

CONFIRMATION OF HONEST AND ACCURATE COMPLETION

DRUG AND ALCOHOL SCREENING (SEE SEPARATE AGREEMENT)

OTHER EMPLOYMENT AND/OR ACTIVITIES

AUTHORIZATION TO OBTAIN INFORMATION

received which may have bearing on my application for employment.

AGREEMENT FOR AT-WILL EMPLOYMENT

RELEASE

employment.

the company

screening.

NOTIFICATION AND COMPLIANCE

AGREEMENT FOR ARBITRATION

I acknowledge that the company promotes a voluntary system of alternative dispute resolution, which involves binding arbitration to resolve all disputes which may arise out of the employment context. Because of the mutual benefits (such as reduced expense and increased efficiency) that private binding arbitration can provide both the company and myself, I voluntarily agree to sign the Company's agreement which includes information which explains that any claim, dispute, and/or controversy (including, but not limited to, any claims of discrimination and harassment, whether they be based on Title VII of the Civil Rights Act of 1964, as amended, as well as all other state or federal laws or regulations) that would otherwise require or allow resort to any court or other governmental dispute resolution forum between myself and the company (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) ansing from, related to, or having any relationship or connection vhatsoever with my seeking employment with, employment by, or other association with the company, whether based on tort, contract, statutory, or equitable law, or otherwise (with the sole exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under Workers' Compensation Act of my state, Employment Development Department claims) shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in conformity with the procedures required under any specific Arbitration Act of state in which I am domicide. I HEREBY VOLUNTARILY AGREE TO REVIEW AND SIGN THE COMPANY'S BINDING ARBITRATION AGREEMENT AND UNDERSTAND THAT BOTH I AND THE COMPANY GIVE UP OUR RIGHTS TO TRIAL BY JURY. Initials _

I understand and agree that nothing contained in this application, or conveyed during any interview which may be granted, or during my employment if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment will be at-will, for no definite or determinable period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time, for any reason or for no reason at all, with or without prior notice, at the option of the company or me. I understand and agree that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and an authorized officer of the company. I promise that I have not relied, and will not rely, on any oral or written statements to the contrary. I understand and agree that this is the entire agreement between me and the company regarding the term of my employment and replaces any other oral or written agreement or understanding. Initials _

Laccept all provisions above and certify that all of the information provided on this application is true and accurate.

Signature

Print Name

Thank you for completing this application. If there is a current opening for the position(s) you are seeking, and the information in your application suggests you meet minimum qualifications and are among the best qualified candidates for that position, you may be contacted for an interview. If you are interviewed, you will be informed of a final decision once the entire interview process is completed, which includes a complete background check and pre-employment drug test. If there is no opening for the position(s) you are seeking, your application will be kept active for 30 days. If you wish to be considered for employment after that time, you must reapply. Thank you for your interest in HBS Painting, Inc.

HBS Painting, Inc. is an equal opportunity employer. It is the policy of this company to consider all applications on the basis of merit without any regard to race, color, religion, sex, pregnancy, age, national origin, ancestry, marital status, veteran status, disability, medical condition, sexual orientation, or any other protected characteristic. Furthermore, we comply with the ADA and provide reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Please note that you may be subject to passing a medical examination as well as skill and agility tests.

Initials _

Initials

Initials

Initials

I voluntarily waive all recourse, and release any company, individual or organization from liability for complying with any request from the company or agents of the company (including any consumer reporting agency) to obtain any information from any source whatsoever relating to my application for employment. I further release the company or any individual within the company regarding the use of any information formation formation formation formation formation formation formation formation for any information formation formation formation for any information formation Initials

I agree to immediately notify the company if I should be convicted of a crime while my application is pending or during my employment, if hired. If I become employed, in consideration of my employment, I agree to comply with the rules, regulations, policies and procedures of the company. Initials

Date