



PLEASE PRINT ALL  
INFORMATION  
REQUESTED EXCEPT  
SIGNATURE

# Elias Brothers Painting & Waterproofing, Inc.

3570 Enterprise Avenue, Suite 100  
Naples, FL 34104  
239-643-1624 / Fax: 239-643-4918



## APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's license  
number \_\_\_\_\_ State of issue \_\_\_\_\_  Operator  Commercial (CDL)  Chauffeur  
Expiration date \_\_\_\_\_

Have you had any accidents during the past three years? How many? \_\_\_\_\_

Have you had any moving violations during the past three years? How Many? \_\_\_\_\_

### OFFICE ONLY

Typing	<input type="checkbox"/> Yes	_____ WPM	10-key	<input type="checkbox"/> Yes	Word Processing	<input type="checkbox"/> Yes	_____ WPM
	<input type="checkbox"/> No			<input type="checkbox"/> No		<input type="checkbox"/> No	
Personal Computer	<input type="checkbox"/> Yes	PC <input type="checkbox"/>		Other	_____		
	<input type="checkbox"/> No	Mac <input type="checkbox"/>		Skills	_____		

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone ( ) _____	Telephone ( ) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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## APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience** Please list your work experience for the **past five years** beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your Last Job Title			
Reason for leaving (be specific)			
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	Your last job title		

Reason for leaving (be specific)

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May we contact your present employer?     Yes     No

Did you complete this application yourself     Yes     No

If not, who did? \_\_\_\_\_

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PLEASE READ CAREFULLY

## APPLICATION FOR EMPLOYMENT WAIVER

In exchange for the consideration of my job application by **Elias Brothers Painting & Waterproofing, Inc.**, (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of **Elias Brothers Painting & Waterproofing, Inc.**, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and **Elias Brothers Painting & Waterproofing, Inc.**, may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I authorize and understand that, in connection with the routine processing of my employment application, the Company to make any investigation of my personal history, employment history, financial records, criminal history, driving records and credit records through any investigative, credit agencies or bureaus of the Companies choice. I acknowledge that a consumer report or investigative consumer report may be requested and used for purpose of evaluating me for employment, promotion, reassignment or retention as an employee. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Applicant \_\_\_\_\_

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

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## PAINTING EXPERIENCE

Please indicate the Companies that you have worked for and fill in the appropriate information requested.

Company Name	Supervisor/Phone	Dates Worked	Rate of Pay
1. Aerial Painting, Inc			
2. Charter Painting, Inc.			
3. Complete Painting, Inc.			
4. Cover All Painting			
5. Deluxe Painting			
6. Enterprise Systems			
7. Fenton Davis Painting			
8. Hardesty Painting			
9. Hot Shot Painting			
10. Palladino's Painting			
11. Perfect Painting			
12. Service Painting			
13. SF Painting & WP			
14. Universal Painting			
15. West Coast Painting			

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

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## EMPLOYEE CODE OF CONDUCT

1. **NO ALCOHOL OR DRUGS PERMITTED.**
2. **UNIFORM:** Hard Shoes ( No Sandals or open toed shoes permitted), Painters Pants Required. T-Shirts & Hats will be provided by Elias Brothers Painting & Waterproofing.
3. **Report to work on time.** If there is some reason you are unable to report on time or at all, contact the office immediately at 643-1624. Should you need to request a day off, please complete the Vacation/Time Off request form at least 2 weeks in advance.
4. Be sure that you show up at work/on the jobsite prepared with all the proper equipment.
5. IF you must leave the jobsite, notify your immediate supervisor and the office.
6. Please be sure to leave the jobsite clean at the end of each and every day.
7. **DO NOT** get into arguments with Customers or others at the jobsite. Any problems that occur, let the supervisor and/or the office know immediately.
8. **NO** smoking permitted inside units and/or lanais.
9. **NO** music is allowed on the jobsite.
10. **NOTE:** If any accident occurs on the jobsite, notify the supervisor and the office as soon as possible.

**REMEMBER: THE WAY YOU LOOK AND ACT ON THE JOB MAY BE THE PUBLICS ONLY GLIMPS OF THE COMPANY. WE ARE PROFESSIONALS AND WE SHOULD LOOK AND ACT LIKE PROFESSIONALS.**

**I have read and understand the Employee Code of Conduct above and agree to abide by these rules.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

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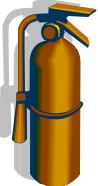
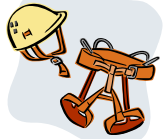
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## FOREMAN'S EQUIPMENT CHECKLIST

I, the undersigned, working for Elias Brothers Painting & Waterproofing, Inc., understand and agree, that as a condition of employment, I am required to obey the following rules and instructions of the Company and am aware of the consequences in not obeying them.

- When painting or pressure cleaning a roof, do not forget to use a harness and tie a rope to the harness on one side and to a safe object on the other side. Also, do not allow loose rope to be longer than 6 feet.
- Do not pressure clean roofs without wearing rubber boots.
- Do not use ladder in a horizontal position as a platform or as a scaffold and make sure that ladder is safe before using.
- Do not move or jump on ladder while standing on it.
- Do not begin work without knowing where the fire extinguisher or first-aid kit are located.
- Before you begin working on the jobsite, please inspect the job site and all tools.
- Do not use any materials without reading the data sheets and knowing how to apply them.
- Do not mix bleach, paint or other chemicals without wearing goggles, gloves and mask.
- Do not use any electric tools (electric hammer, grinder, etc.) without wearing goggles, gloves and/or mask.



**PLEASE USE SAFETY PRECUATIONS WITH ALL TOOLS  
AND MATERIALS. OUR GOAL IS FOR A SAFE PLACE FOR YOU TO WORK.  
THANK YOU FOR YOUR COOPERATION, MANAGEMENT**



**EMPLOYEE NAME:** \_\_\_\_\_

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**MANAGEMENT REP:** \_\_\_\_\_

**MANAGEMENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_