

# **RUST-OLEUM®**

**CORPORATION**

or



And Its Subsidiaries

## Application For Employment

An Equal Opportunity Employer

An RPM Company

**PERSONAL**, please print

Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

Address: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

U.S. Work Status (US Citizen, TN, H1B, Greencard):

Are you currently authorized to work in the United States? Proof of eligibility will be required. Yes  No

Are you between the ages of 18 and 70? Yes  No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes  No  If yes, explain:

(A conviction record will not necessarily be a bar to employment.)

The inquiry as to whether you have been convicted of a crime does not require you to disclose, verbally or in writing, any record of a conviction or arrest that has been expunged or sealed

How did you find out about us? \_\_\_\_\_

Do you have any relatives working for Rust-Oleum or Zinsser? \_\_\_\_\_

In case of emergency, please contact: Name: \_\_\_\_\_

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

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

**EMPLOYMENT DESIRED**

Position \_\_\_\_\_

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

Are you able to work: Full-Time  Part-Time  If part-time is desired, number of hours per week:

Are you willing to travel, if it is required of your job? Yes  No

Are you willing to relocate? Yes  No

Have you ever been previously employed by Rust-Oleum or Zinsser?:

Are you willing to work 2nd shift?  3<sup>rd</sup> Shift?

Are you willing to work overtime when asked? Yes  No

List machinery you have operated (e.g., forklift, etc.)

In departments required to wear respiration masks, employees must be clean shaven. Are you willing to comply with this company policy? Yes  No

**TRAINING & EDUCATION**

Name	Location	Graduate		Subject of Specialization	Degree or Certificate
		Yes	No		
High School					
College					
College					
Graduate School					
Trade, Bus., or Corres. School		DESCRIBE:			

List workshops, seminars, research or special training skills that may relate to employment. (Omit those that identify race, color, sex or national origin.)

\_\_\_\_\_

**MILITARY**

Were you in the Armed Forces? Yes  No

Dates of Duty: From \_\_\_\_\_ To \_\_\_\_\_ Rank At Separation.

Briefly Describe Duties:

**EMPLOYMENT HISTORY**

Give past employment record as completely as possible, starting with your present or latest employer. (If space is insufficient, continue below under the section titled "Additional Employment Experience.") Also under "Additional Employment Experience," please explain any periods of unemployment or self-employment.

From	To	Position
<b>Company Name and Address</b>		Supervisor
		Phone
		Salary:
		Reason for Leaving
Describe Duties		May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>
		If no, please explain

From	To	Position
<b>Company Name and Address</b>		Supervisor
		Phone
		Salary:
Describe Duties		Reason for Leaving

From	To	Position
<b>Company Name and Address</b>		Supervisor
		Phone
		Salary:
Describe Duties		Reason for Leaving

**ADDITIONAL EMPLOYMENT EXPERIENCE (Please list Company Name, City/State, and Dates of Employment):**

- 4.) \_\_\_\_\_
- 5.) \_\_\_\_\_
- 6.) \_\_\_\_\_
- 7.) \_\_\_\_\_

**ADDITIONAL INFORMATION**

Are there any other pertinent facts you would voluntarily like to present to us, which, in your opinion, may help us to evaluate your qualifications for the job you are seeking? This may include professional societies, organizations, extra-curricular activities, etc.

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**CERTIFICATION AND ACKNOWLEDGEMENT**

I hereby certify that the facts set forth in my application and/or resume are true and complete to the best of my knowledge, and understand that any misrepresentation or falsified information on this application and/or resume will be grounds for rejection for hire or immediate dismissal. I authorize any current or former employer, firm, corporation, credit agency, law enforcement agency, government agency, educational institution, hospital, physician, or any other person to give the Company, now or at any future time, any information they may have regarding me. I further authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character, and personal reputation. I hereby release the Company and any provider of such information from any liability as a result of furnishing or receiving same.

I further authorize Company to obtain and analyze a urine specimen provided by me for identification of drug / alcohol substances or metabolites. I understand that such a urinalysis test will be a part of the routine pre-employment process.

In addition, I understand that information concerning my use of prescription and over-the-counter medications may be requested to assist with the interpretation of the urinalysis test results.

I understand that any employment offer made to me is contingent upon the favorable results of a background investigation and urinalysis test.

If employed, I agree to conform to the rules and regulations of the Company, and I understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no manager or representative of the Company, other than the President of the Company, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing. In this regard, I understand that employment manuals or handbooks as may be distributed to me during the course of my employment shall not be construed as a contract.

If employed, I agree to submit myself to an examination by a physician of the Company's selection as often as may be reasonably requested.

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

Thank you for your interest in Rust-Oleum/Zinsser

## EMPLOYMENT APPLICATION ADDENDUM

### Background Investigation

I, the undersigned, in connection with this application, authorize all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, military services, and former employers to release information now or at any future time which they may have about me to Rust-Oleum Corporation or Zinsser or its agents, and release them from any liability or responsibility from doing so. I further authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character, and personal reputation.

### Urinalysis Test

I further authorize Rust-Oleum or Zinsser to obtain and analyze a urine specimen provided by me for identification of drug/alcohol substances or metabolites. I understand that such a urinalysis test will be a part of the routine pre-employment physical process.

In addition, I understand that information concerning my use of prescription and over-the-counter medications may be requested to assist with the interpretation of the urinalysis test results.

I understand that any employment offer made to me is contingent upon the favorable results of a background investigation and urinalysis test.

Signature: \_\_\_\_\_

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

## RELEASE AUTHORIZATION

### APPLICANT COMPLETE THE FOLLOWING

I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references.

If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

IV. Minnesota, Oklahoma and California applicants only. If you want a copy of the reports(s) ordered, Check this box . The report(s) will be sent by the reporting agency to you at the address below. The reports will be processed by: ADP Screening and Selection Services, or Validex Employment Screening Services.

V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by \_\_\_\_\_ or its agent, to furnish the information described in Section I.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

\_\_\_\_\_  
Please print your full name    LAST

FIRST

MIDDLE

\_\_\_\_\_  
Please print other names you have used

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

State

Zip Code

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

Date of Birth

The following states require sex and race to obtain information:

AL, AR, FL, GA, IA, IL, IN, MI, OR, TX, WI

Sex:     Male     Female

Race:     Asian     Black     Hispanic     White     Other

\_\_\_\_\_  
Drivers License Number

State Issuing License

\_\_\_\_\_  
Name as it appears on license

\_\_\_\_\_  
Signature

Today's Date

**IF REQUIRED, NOTARIZE HERE**

When using an embossed seal, please shade and pencil before faxing.

Subscribed and sworn before me:

Name \_\_\_\_\_

Date \_\_\_\_\_

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_

**THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES. SEPARATELY FROM PERSONNEL RECORDS!**

# RUST-OLEUM CORPORATION or ZINSSER

## APPLICANT DATA

*Applicants are considered for positions without regard to race, creed, color, religion, sex ancestry, national origin, age, marital status, sexual orientation, military or veteran status, or disability.*

Name (print): \_\_\_\_\_ Position: \_\_\_\_\_

## AFFIRMATIVE ACTION NOTICE

U.S. Government agencies require periodic reporting of data on the sex, race, disabled and veteran status of applicants for affirmative analysis only. Submission of information is strictly voluntary. This information is kept in Human Resources in a Confidential File maintained separately from your application form.

Check One:       Male               Female

Check one of the following:

- White               Black               Hispanic  
 American Indian/Alaskan       Asian/Pacific Islander

## SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS, AND INDIVIDUALS WITH PHYSICAL OR MENTAL DISABILITIES

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals, and the Americans with Disabilities Act which prohibits discrimination against qualified individuals with disabilities in all areas of employment.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below:

- Disabled individual       Disabled Veteran       Vietnam Era Veteran       Other Veteran

Dates of service: \_\_\_\_\_ Branch: \_\_\_\_\_

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