

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give Firm name and supply business references. (Add additional page if necessary.)

(1) COMPANY: _____ PHONE: (____) _____
ADDRESS: _____ CITY / STATE: _____
POSITION: _____ DATES FROM: _____ TO _____
FINAL SALARY: _____ REASON FOR LEAVING: _____
SUPERVISOR'S NAME: _____ TITLE: _____

(2) COMPANY: _____ PHONE: (____) _____
ADDRESS: _____ CITY / STATE: _____
POSITION: _____ DATES FROM: _____ TO _____
FINAL SALARY: _____ REASON FOR LEAVING: _____
SUPERVISOR'S NAME: _____ TITLE: _____

(3) COMPANY: _____ PHONE: (____) _____
ADDRESS: _____ CITY / STATE: _____
POSITION: _____ DATES FROM: _____ TO _____
FINAL SALARY: _____ REASON FOR LEAVING: _____
SUPERVISOR'S NAME: _____ TITLE: _____

(4) COMPANY: _____ PHONE: (____) _____
ADDRESS: _____ CITY / STATE: _____
POSITION: _____ DATES FROM: _____ TO _____
FINAL SALARY: _____ REASON FOR LEAVING: _____
SUPERVISOR'S NAME: _____ TITLE: _____

List any additional information you would like us to consider and indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying: _____

Please explain any gaps in employment: _____

If you have any professional or personal references other than your prior employers mentioned above and excluding relatives, please list them here:

- (1) Name: _____ Phone: _____ How Acquainted: _____ How Long: _____
Address (street, city, and state): _____
- (2) Name: _____ Phone: _____ How Acquainted: _____ How Long: _____
Address (street, city, and state): _____
- (3) Name: _____ Phone: _____ How Acquainted: _____ How Long: _____
Address (street, city, and state): _____

PLEASE READ AND SIGN:

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and agree to have any of the statements checked by Mastercraft Decorating, Inc. I authorize the references listed above, as well as all other individuals whom Mastercraft Decorating, Inc. contacts, to provide any and all information concerning my previous employment and any other pertinent information that they may have.

Further, I release all parties and persons from any and all liability for any damages that may result from furnishing to Mastercraft Decorating, Inc., as well as from the use or disclosure of such information by Mastercraft Decorating, Inc.' agent, co-workers or representatives. I understand that my misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

Mastercraft Decorating, Inc. is an equal opportunity employer. Mastercraft Decorating, Inc. does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding and applicant's consideration for employment on a basis prohibited by local, state, or federal law. This application is current for only 90 days. At the conclusion of this time, if I have not heard from the employer and still want to be considered for employment it will be necessary to fill out a new application.

PRINT NAME: _____ DATE: _____

APPLICANT'S SIGNATURE: _____

Put an x in the appropriate box:

Have you ever filed an application with us before: If yes, give date: _____ Yes No

Have you ever been employed with us before? If yes, give date: _____ Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

If no, please explain: _____

Are you prevented from lawfully becoming employed in the Country because of Visa or Immigration Status? Proof of citizenship or work authorization status will be required upon employment. Yes No

On what date would you be available to work? _____

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel to another state if a job requires it? Yes No

It is a requirement of this job that Mastercraft Decorating, Inc. obtain background information about you. This may include Information contained in public records including credit, criminal and motor vehicle data Will you comply with this requirement? Yes No

Do you have any relatives employed by our company? Yes No

Have you ever been dismissed or asked to resign from an employer? If yes, please explain: _____ Yes No

Mastercraft Decorating, Inc. does not pay any travel time unless you work on more than one job site per day. Will you be willing to drive anywhere in the Chicagoland area or any of the surrounding cities or suburbs to report to work if we need you to do so? Yes No

It is a requirement of this job that you have your own vehicle registered in your name and a valid driver's license. If offered this job, can you provide proof of this registration and driver's license? Yes No

It is a requirement of this job that all employees show proof of auto insurance on their vehicles at the time of being hired and to show that proof any time that management may request it in the future. If offered this job will you comply with this requirement? Yes No

Mastercraft Decorating, Inc. requires you to bring your lunch to the job site when you report to work in the morning, and you must eat your lunch on the job site. In some cases, the foreman may designate one person to go and get lunch for the crew. Will you comply with this requirement? Yes No

Federal law requires you to take a 1/2 hour unpaid lunch break after your first five (5) hours worked. Will you comply with this requirement? Yes No

Mastercraft Decorating, Inc. does not pay for any breaks during the work day. We allow three (3) bathroom breaks of reasonable time. Any other breaks you might need will be unpaid time. Will you comply with this agreement? Yes No

It is an essential requirement of this job that all employees are capable and willing to work on a 12-inch wide plank at heights up to and including 20 feet above the ground. If offered this job will you comply with this requirement? Yes No

Mastercraft Decorating, Inc. will pay you 1.5 times your regular rate for overtime hours. (Overtime hours are all hours worked over 40 in a one week period.) Mastercraft Decorating, Inc. may require you to work 10 – 20 hours of overtime per week when our schedule demands it. If you do not comply with this requirement your employment may be terminated. Will you comply with this requirement? Yes No

Mastercraft Decorating, Inc. requires that you never use profanity, bad language, or lewd language on the job site or company premises or at company gatherings. The use of profanity, bad language, or lewd language may cause the termination of your employment. Will you comply with this requirement? Yes No

Mastercraft Decorating, Inc. requires that you carry all of the required personal tools in your vehicle at all times. Will you comply with this requirement? Yes No

Mastercraft Decorating, Inc. requires that when needed you will go to the paint store, pick up materials for the job and transport the materials back to the job in your own vehicle. Will you comply with this requirement? Yes No

What hourly rate do you wish to start at? _____

Why are you interested in working for our company? _____

What didn't you like about your previous job? _____

How did you hear about us? _____

I authorize all courts, probation departments, prosecutory offices, boards, employers, educational and credit companies, other institutions and agencies, without exception to furnish the company or its representatives any information any of them have concerning me. I further authorize a check by any consumer agency of my employment history as well as any incidents of employment dishonesty, retail theft or criminal convictions. I understand that my employment and/or retention may be affected in whole or in part from a report received from this agency. I hereby discharge and exonerate the company, its agents and representatives, or any person so furnishing information, from any liability and all liability of every nature and kind arising out of the furnishing, inspection or collection of such documents, records, and other information or the investigation made by the company. A photo static or electronic reproduction or copy of this authorization will be considered as effective and valid as the original. (Wherever legally required, a copy of any credit report and other information will be available upon my request.)

I agree to protect the company's confidential information, trade secrets, client lists, and other proprietary information, and will not reveal such information to anyone at any time during or after cessation of my employment.

APPLICANT SIGNATURE: _____ DATE: _____

APPLICANT'S STATEMENT & AGREEMENT

In the event of my employment to a position in this Company, I will comply with all rules and regulations of this Company. I understand that the Company reserves the rights to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination and a test for the presence of alcohol in my system, performed by a doctor selected by the company. Further, I understand that at any time after I am hired, the Company may require me to submit to a physical examination and drug and alcohol tests, to the extent permitted by law. I consent to the disclosure of the results of any physical examination and related tests to the Company. I also understand that I may be required to take other tests such as personality and honesty tests, prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated.

I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and will complete a bond application.

I understand that the company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I also understand that the Company utilizes a system of alternative dispute resolution that involves binding arbitration to resolve all disputes that may arise out of the employment context. Because of the mutual benefits (such as reduced expense and increased efficiency) which private binding arbitration can provide both the Company and myself, both the Company and I agree that any claim, dispute, and/or controversy (including, but not limited to, any claims of discrimination and harassment, whether they be based on the Illinois Human Rights Act, Title VII of the Civil Rights Act of 1964, as amended, as well as all other state or federal laws or regulations) that either I or the Company (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) may have against the other which would otherwise require or allow resort to any court or other governmental dispute resolution forum arising from, related to, or having any relationship or connection whatsoever 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, and Unemployment Compensation claims filed with the state) shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in conformity with the procedures of the Illinois Compiled Statutes Chapter 710 § 5/1 et seq. However in addition to requirements imposed by law, any arbitrator herein shall be a retired Illinois Circuit Court Judge and shall be subject to disqualification on the same grounds as would apply to a judge of such court. To the extent applicable in civil actions in United States District Courts, the following shall apply and be observed: all rules of pleading, discovery, and evidence (including the right to resolution of the dispute by means of motions for summary judgment and judgment on the pleadings). Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged. As reasonably required to allow full use and benefit of this agreement, the arbitrator shall extend the times set for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion and, at either party's written request within 10 days after issuance of the award, shall be subject to affirmation, reversal or modification, following review of the record and arguments of the parties by a second arbitrator who shall, as far as practicable, proceed according to the law and procedures applicable to appellate review by the Illinois Appellate Court of a civil judgment following court trail. Should any term or provision, or portion thereof, be declared void or unenforceable it shall be severed and the remainder of this agreement shall be enforceable. **I UNDERSTAND AND THAT BY VOLUNTARILY AGREEING TO THIS BINDING ARBITRATION PROVISION, BOTH I AND THE COMPANY GIVE UP OUR RIGHTS TO TRIAL BY JURY OF ANY CLAIM I OR THE COMPANY MAY HAVE AGAINST EACH OTHER.**

I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding myself.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application, unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity to work in the United States, and the federal immigration laws require me to complete an I-9 Form in this regard.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by the Company (employer) at any time and for any reason whatsoever, with or without good cause at the option of either the Company or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the President of the Company. No supervisor or representative of the Company, other than the President of the Company, has any authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between the company and the employee regarding the rights of the Company or employee to terminate employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of the employee and the Company.

BY SIGNING BELOW, I AUTHORIZE THE COMPANY TO OBTAIN A CONSUMER CREDIT REPORT ON ME. I ALSO ACKNOWLEDGE AND CERTIFY THAT I HAVE BEEN GIVEN PRIOR WRITTEN NOTIFICATION THAT A CONSUMER CREDIT REPORT MAY BE OBTAINED ON ME AND THAT I HAVE BEEN GIVEN A COPY OF SAID WRITTEN NOTIFICATION.

If you have any questions regarding this statement, please ask a Company representative before signing. I hereby acknowledge that I have read the above statements and understand the same.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT AND AGREEMENT.

APPLICANT'S PRINTED SIGNATURE

SIGNATURE OF APPLICANT

DATE

**Mastercraft Decorating, Inc.
2007 Teton Pkwy
Algonquin, IL 60102**

Please initial _____

1. **Fill out the application completely**
2. **Mail the completed application to our address**
3. **After receiving your application, we will notify you within one week of the status of your application.**
4. **We will retain your application on file for six months**