

Application for Employment

Detail Masters, Inc.
 801 North Main
 Boerne, TX 78006
 210/490-6342 FAX
 210/490-0679 Phone
 830/249-1144 Boerne Phone

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____/____/____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Telephone # (____) _____ Mobile/Beeper/Other Phone # (____) _____ Social Security # _____

If you are under 18, and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you ever been employed here before? Yes No

Are you legally eligible for employment in this country? Yes No

Date available for work ____/____/____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Are you able to meet the attendance requirements of the position? Yes No

Have you been convicted of a crime in the last seven (7) years? Yes No

If yes, please explain _____

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Driver's license number if driving is an essential job function _____ State _____

Employment History

Provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE (____) _____
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	
FROM	TO	EMPLOYER	TELEPHONE (____) _____
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	
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REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	

Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background IF JOB-RELATED

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
		MAJOR	DEGREE	
HIGH SCHOOL				
COLLEGE				
OTHER				

References

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER'S SERVICE, WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR ONLY 60 DAYS. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THIS COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date ____ / ____ / ____

Detail Masters Pre-Employment Disclosure Notice



801 N. Main St
Boerne, TX 78006

P 210.490.1155

F 210.490.6342

800.634.9275

www.detailmasters.com

Dear Applicant:

We are pleased that you are interested in employment with Detail Master, Inc. In addition to completing an application, as part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of:

- 1). Successful completion of a pre-employment physical examination, including an x-ray evaluation of your back and drug-screening test. (Attachment 1)
- 2). A review of any prior, work-related injuries on file with the Texas Workers' Compensation Commission. (Attachment 2)
- 3). Contacting all listed prior employers to verify your employment history.
- 4). Credit information reports. (Attachment 3)
- 5). Criminal history reports on file in the State of Texas. (Attachment 3)
- 6). Driving history records. Any new employee hired as an insurable driver with Detail Masters will be subject to immediate termination if he/she becomes uninsurable due to traffic violations (irrespective of fault) during the course of employment. (Attachment 3)

Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights Under the Fair Credit Reporting Act.

If you have any questions regarding these requirements, please ask your employment interviewer.

PRE-EMPLOYMENT MEDICAL EVALUATION PROGRAM



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OVERVIEW

Detail Masters, Inc. has a vital interest in maintaining safe, healthful and efficient working conditions for all of their employees. We recognize that the company's future is dependent upon the physical and psychological health of our employees. Consequently, it is the company's obligation and intent to safeguard that environment and to protect company property, equipment and operations.

With these objectives in mind, the company has established the Pre-Employment Medical Evaluation Program to ensure the people hired are capable of contributing their best to the company. When the presence of a physical impairment of significance to prevent fulfilling the job requirements, and/or an illegal drug is detected and verified, employment will be denied.

The following Release Form authorizes the company to proceed with the evaluation of your application. Failure to comply with the request for Medical Evaluation will result in denial of consideration for employment.

If you have any questions about the Pre-Employment Medical Evaluation Program, please contact the Personnel Representatives where you have submitted your application.

RELEASE FORM

I have been informed of the Pre-Employment Medical Evaluation Program required by Detail Masters, Inc. and give my consent to undergo the medical testing deemed necessary to qualify me as a prospective employee.

I further consent to the testing agent _____ to release the test results to Detail Masters, Inc.

I understand that the, _____, will retain the actual details of the testing conducted and that only a Pass/Fail notification will be provided to an *authorized company representative*.

I understand that the acceptance on my application for employment by Detail Masters, Inc. is contingent upon my agreement to participate in the Pre-Employment Medical Evaluation Program.

APPLICANTS NAME (Please Print)

APPLICANTS SIGNATURE/DATE



PROSPECTIVE EMPLOYMENT AUTHORIZATION AND CERTIFICATION

Please carefully read the instructions on the reverse side before submitting this form. Incorrect/incomplete forms will be returned without action.

SECTION I: TO BE COMPLETED BY JOB APPLICANT

1. Name of Job Applicant (Print or type)	3. Social Security Number
2. Complete Address of Job Applicant (Print or type)	4. Date Job Application Submitted

I understand that the Texas Workers' Compensation Act provides for the release of certain prior work related injury information to prospective Texas employers who carry workers' compensation insurance if the employer obtains my written authorization before making a request for that information. I also understand that if this employer is covered by the Americans With Disabilities Act, my prior work related injury claim information may be released only if the indicated employer has properly completed and certified the information on this form. Prospective employers filing valid requests will be provided with a report on prior work related injury claims only if an applicant has made two or more general injury claims in the preceding five years. I hereby authorize release of information permitted by law on my work related injuries to the prospective employer named below.

Job Applicant's Signature _____ Date _____

SWORN AND SUBSCRIBED TO BEFORE ME BY THE SAID _____ (Print Job Applicant's Name)

ON THIS _____ DAY OF _____, YEAR _____

Signature of Notary Public

Print Name of Notary Public
(Seal or Stamp)

My Commission expires: _____

SECTION II: TO BE COMPLETED BY PROSPECTIVE TEXAS EMPLOYER

1. Name of Employer (Print or type) Detail Masters, Inc.	3. Employer's Federal Tax I.D. # 74-2472875	4. Date Job Application Received
2. Address and Phone Number of Employer (Print or type) 801 North Main, Boerne, TX 78006	Phone Number (210) 490-1155	5. Prepaid Account Number

I am a prospective Texas employer who has workers' compensation insurance. I am entitled to receive prior injury information concerning this job applicant under the Texas Workers' Compensation Act, Texas Labor Code, Section 402.087. I am not prohibited from receiving this information under the Americans With Disabilities Act of 1990, 42 U.S.C. §12101 et. seq. because:

(Employer Must Check One):

- I am a Texas employer who is not covered by the Americans With Disabilities Act of 1990. (The Americans With Disabilities Act of 1990 defines "employer" as: "a person engaged in an industry affecting commerce who has 15 or more employees for each working day in each of 20 or more calendar weeks in the current or preceding year and any agent of such person");
- I am a Texas employer who is covered by the Americans With Disabilities Act of 1990, who is requesting this information prior to hiring the above-named job applicant, but after having made a conditional offer of employment to the above-named applicant. I am requesting this information regarding all post-offer prospective job applicants in this job category, regardless of disability. Information concerning the Americans With Disabilities Act may be obtained by calling 1 (800) 949-4232; TDD 1 (713) 520-5136 or the Texas Commission on Human Rights, (512) 437-3450.

A \$2.00 fee is required of the prospective employer per request. Your remittance must be attached. The DWC FORM-156 will be returned without action if payment is not enclosed. Fees are subject to change. Make checks payable to DWC.

I certify that I am an authorized representative of this employer and the statements in Section II of this document are true, complete and correct to the best of my knowledge and belief.

Employer/Representative's Signature _____ Date _____

SWORN AND SUBSCRIBED TO BEFORE ME BY THE SAID _____ (Print Employer/Rep. Name)

ON THIS _____ DAY OF _____, YEAR _____

Signature of Notary Public

Print Name of Notary Public
(Seal or Stamp)

My Commission Expires: _____



Release Authorizing Consumer Reports or
Driving Records to be Obtained



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Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit

Detail Masters, Inc.

801 North Main
Boerne, TX 78006

to obtain a consumer report and/or an investigative consumer report which may include the following:

- 1). My employment records.
- 2). Records concerning any driving, criminal history, credit history and civil records.
- 3). Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as *Detail Masters, Inc.* from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer-reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

Full Name

Signature

TX Driver's License Number

Expiration Date

Social Security Number

Date

Distinctly different.™

OVERSPRAY TECHNICIAN

-----JOB REQUIREMENTS ACKNOWLEDGMENT-----



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I acknowledge that Detail Masters has provided me with a copy of the physical job requirements for an Overspray Technician. I have read and understand the job requirements for this position, and I certify that to the best of my knowledge I am physically able to perform these requirements without limitation or accommodation.

(Signature)

(Printed)

(Date)

JOB ANALYSIS

COMPANY NAME DETAIL MASTERS, INC.	EMPLOYEE NAME	JOB TITLE OVERSPRAY TECHNICIAN <hr/> DATE
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Job Requirements (in an 8 hour workday)

	Yes	No	
Working on unprotected heights & uneven ground	XXXX	<input type="checkbox"/>	Sit <u>Circle number of hours</u> 1 2 3 4 5 6 7 8
Being around moving machinery & equipment	XXXX	<input type="checkbox"/>	Stand 1 2 3 4 5 6 7 8
Exposure to marked changes in temperature & humidity	XXXX	<input type="checkbox"/>	Walk 1 2 3 4 5 6 7 8
Driving automotive equipment, forklift & other equipment	XXXX	<input type="checkbox"/>	
Wearing of personal protective equipment (respirators, ear plugs)	XXXX	<input type="checkbox"/>	

Movements

	<u>Not at all</u>	<u>Occasionally</u>	<u>Frequently</u>	<u>Repeatedly</u>	<u>Continuously</u>
Bend/Stoop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	XXXX
Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	XXXX
Crawl	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Reach above shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
Crouch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	XXXX
Balancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	XXXX
Pushing/Pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	XXXX

Weight Carried

	<u>Not at all</u>	<u>Occasionally</u>	<u>Frequently</u>	<u>Repeatedly</u>	<u>Continuously</u>
Up to 10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 to 25 pounds	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
26 to 50 pounds	<input type="checkbox"/>	XXXX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51 to 75 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76 to 100 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over 100 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Weight Lifted

	<u>Not at all</u>	<u>Occasionally</u>	<u>Frequently</u>	<u>Repeatedly</u>	<u>Continuously</u>
Up to 10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 to 25 pounds	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
26 to 50 pounds	<input type="checkbox"/>	XXXX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51 to 75 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76 to 100 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over 100 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Repetitive tool movements used

	<u>Not at all</u>	<u>Occasionally</u>	<u>Frequently</u>	<u>Repeatedly</u>	<u>Continuously</u>
Right only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	XXXX

Hands used for repetitive motion such as:

			<u>Not at all</u>	<u>Occasionally</u>	<u>Frequently</u>	<u>Repeatedly</u>	<u>Continuously</u>
Simple/light grasping	XXXX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Firm/Strong grasping	XXXX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine dexterity	XXXX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: In terms of an 8 hour workday. *Occasionally* equals 1% to 25% (1-2 hours), *Frequently* equals 26% to 50% (3 to 4 hours) *Repeatedly* equals 51% to 75% (5 to 6 hours) and *Continuously* equals 76% to 100% (7 + hours).