

Download and complete the application
Return application
via email to holly@ncpcoatings.com
or print and deliver in person



We appreciate your interest in our organization! A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgement, best meets your qualifications, and to determine if such a position is available. In the event you are hired, your duties shall include those duties assigned to you from time to time by any officer or supervisor of NCP Coatings, Inc. and you will be expected to assist in all such duties requested.

We are an equal opportunity employer and will not unlawfully discriminate based on race, age, gender, color, religion, sexual orientation, gender identity, or other category protected under applicable state or federal law. (All employees must be at least 18 years of age to work in our facility.)

Personal Information

Name _____

Address _____

Contact Information _____ - _____ - _____

Are you authorized to work in the United States? Yes _____ No _____

Have you been previously employed here? Yes _____ No _____

If yes, when? ____/____/____

Who was your supervisor? _____

Reason for leaving/dismissal? _____

How did you hear about us? _____

What, if anything, do you know about NCP Coatings? _____

Please list any friends, acquaintances or relatives working here: _____

Employment Details

What skills, certifications, experiences, or personal characteristics do you have that would add value to us?

In a few words, discuss how those closest to you would describe you: _____

What characteristics are you looking for in a company? _____

What is your desired wage? \$ _____ When would you be able to start if hired? _____

What shifts are you able to work (plant only)? Any _____ Only 1st _____ Only 3rd _____

For those applicants in Michigan, Michigan law requires employers to make reasonable accommodations to qualified handicapped applicants and employees where the employee makes their need known to the employer, requests an accommodation and such accommodation does not impose an undue hardship on the employer. With respect to State of Michigan Persons with Disabilities Civil Rights Act claims, persons with disabilities and applicants must request an accommodation of their handicap by notifying us *in writing* of the need for accommodation within 182 days of the date the person with a disability knows or reasonably should know that an accommodation is needed. Failure to properly notify us will preclude any claim that the employer failed to accommodate the person with a disability, however, this does not waive your rights under the ADA Act of 1990, as amended.

Complete Employment History

Please start with your most recent job first.

Employer: _____

Location: _____

Position(s) Held: _____

Primary Job Duties: _____

Duration of Employment: (From) ____/____/____ (To) ____/____/____ or Present ____

Pay Rate: (Starting) \$ _____ (Current/Ending) \$ _____

Reason for Leaving: _____

Employer: _____

Location: _____

Position(s) Held: _____

Primary Job Duties: _____

Duration of Employment: (From) ____/____/____ (To) ____/____/____ or Present ____

Pay Rate: (Starting) \$ _____ (Current/Ending) \$ _____

Reason for Leaving: _____

Employer: _____

Location: _____

Position(s) Held: _____

Primary Job Duties: _____

Duration of Employment: (From) ____/____/____ (To) ____/____/____ or Present ____

Pay Rate: (Starting) \$ _____ (Current/Ending) \$ _____

Reason for Leaving: _____

Education

| | Name of Institution | Years Completed | Diploma/Degree/Certification |
|---------------------|---------------------|-----------------|------------------------------|
| High School | | | |
| College | | | |
| Vocational Training | | | |

Professional References

Please do not include relatives. Be sure to advise these people in advance.

| | Name | Best contact information | Relationship and years known |
|---|------|--------------------------|------------------------------|
| 1 | | | |
| 2 | | | |

Additional Information

As part of the onboarding process, NCP Coatings will conduct a background check using a third-party vendor. In addition, you will be required to submit a sample of saliva or urine for a drug screen. Because we supply paint to the government, we are required to complete both a background check as well as a drug test for any employee directly in contact with the paint-making process. If you choose not to submit to either one of these screenings, it could jeopardize your employment with NCP.

Have you ever been convicted of a felony? Yes _____ No _____

If so, where, when, and what is the nature of the offense? _____

Do you have a valid driver's license or state issued ID? Yes _____ No _____

Please state any additional information you would like us to consider while reviewing your application.

Authorization and Understanding

Upon the signing of this application, I represent that the information now or hereafter given by me in support of my application with NCP Coatings, Inc, (NCP) is true and complete. I authorize NCP to verify any of the information concerning my employment, education, or driving history with the appropriate individuals, companies, institutions or agencies, and to conduct a criminal history background check, and I authorize them to release such information as NCP requires, including any record of disciplinary action, without any obligation to give me written notice of such disclosure. I also authorize NCP to release any information (excluding medical information) request by any of my prospective or subsequent employers without any obligation to give me notice of such disclosure. I hereby release NCP and such other third parties from any liability whatsoever as a result of such inquiries and disclosures except as prohibited by law. I agree that any false or incomplete information that causes my application to be misleading may subject me to discharge at any time during the period of my employment.

I acknowledge that any offer of employment extended by NCP may be contingent upon the results of a criminal background check and drug test results. By signing below, I authorize and consent to complete these requirements. I understand that results will be maintained in my personnel files held in HR and results information will only be disclosed to managers, supervisors, first aid and/or safety personnel regarding necessary restrictions or accommodations with respect to assigned work or for safety and/or medical purposes or to HR or NCP's legal representatives as required in the ordinary course of business.

I agree that my employment, if hired by NCP, is "at-will" and either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this policy may only be altered in writing directed to me personally and signed by the CEO of NCP. I agree that I will be bound by the other rules, policies, regulations, and terms and conditions of employment of NCP as they are from time-to-time implemented, modified, or changed, and no additional obligations can be imposed on NCP except those which have been acknowledged in writing and approved by Management.

I agree that any action (excluding governmental, statutory administrative proceedings) or suit against NCP arising out of or related to my application, employment, or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be submitted within the short of 180 days of the event giving rise to the claim or the applicable statute of limitations, or be forever barred. I waive any limitation periods to the contrary, with the exception being that this agreed to limitations period does not supersede the Federal Equal Employment Opportunity Commission or other applicable Statutes or regulations that may extend this period as provided by law. I acknowledge that this 180-day limitation on actions forms an Agreement between myself and NCP and may not be unilaterally modified.

Applicant's Signature

_____/_____/_____
Date