

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION Date: _____

Name:		
<i>Last</i>	<i>First</i>	<i>Middle</i>
Present Address:		
<i>Street and Number</i>	<i>City</i>	<i>State</i> <i>Zip</i>
Home Phone: ()	Mobile Phone: ()	

Emergency Contact Name:		
<i>Last</i>	<i>First</i>	<i>Relationship</i>
Home Phone: ()	Mobile /Other Phone: ()	

Do you have friends or relatives working for our Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?	If hired, can you provide verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are under age 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
If required for the position, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, would you have reliable transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes' list offense, date and disposition of the case. <i>(NOTE: Convictions will not necessarily disqualify you from employment)</i>
Have you ever worked for our Company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	Have you ever been involuntarily terminated or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, will you comply with the safety, work and attendance policies of our Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you afraid of heights? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you allergic to paint? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT INTERESTS

Position Desired:	Date Available:	Salary Desired:	Would you be willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Employment Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	How were you referred to our Company? <input type="checkbox"/> Ad (where?) _____ <input type="checkbox"/> Referred by: _____ <input type="checkbox"/> Other (specify) _____		
Days and Hours Available for Work:			

SKILLS - IF APPLICABLE TO THE POSITION FOR WHICH YOU ARE APPLYING

Computer Skills: (indicate software used)	10-Key By Touch <input type="checkbox"/> Yes <input type="checkbox"/> No	Typing Speed:	Other Office Machines:
Bilingual? <input type="checkbox"/> Yes <input type="checkbox"/> No Which languages?		List any other skills, experience, training or qualifications:	

EMPLOYMENT INFORMATION

Present or Last Employer	Phone ()	From:	To:
	Job:	Starting Pay:	Ending Pay:
Reason for leaving:	Supervisor's Name and Telephone Number:		
	Business Address:		
Previous Employer	Phone ()	From:	To:
	Job:	Starting Pay:	Ending Pay:
Reason for leaving:	Supervisor's Name and Telephone Number:		
	Business Address:		
Previous Employer	Phone ()	From:	To:
	Job:	Starting Pay:	Ending Pay:
Reason for leaving:	Supervisor's Name and Telephone Number:		
	Business Address:		

Previous Employer	Phone ()	From:	To:
	Job:	Starting Pay:	Ending Pay:
Reason for leaving:	Supervisor's Name and Telephone Number:		
	Business Address:		

EDUCATION INFORMATION

School Name	Years Completed (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
Elementary:	4 5 6 7 8			
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/Professional:	1 2 3 4			
Trade, Correspondence or Other:				

APPLICANT'S STATEMENT & AGREEMENT

In the event of my employment within this Company, I will comply with all rules, standards and regulations of this Company. I understand that this employment application and any other documents, including policies, handbooks, guidelines, practices, benefits or manuals are not intended to create any contractual obligation between me and the Company. I agree that my employment is at-will and the terms of employment may be changed with or without cause, with or without notice, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties and location of work, at any time, for any reason, at the option of myself or the Company. This constitutes my entire agreement with the Company with regard to the length of my employment.

I understand and agree that the Company reserves the right to require me to submit to a physical examination and/or a test for the presence of alcohol or drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I consent to the disclosure of the results of any physical examination and related tests to the Company or its agents. I understand that should I decline to sign this consent or 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 a bond application will have to be completed.

I further understand and agree that in connection with my employment application, continued employment, promotion or reassignment, the Company may obtain a consumer report and/or an investigative consumer report or public records report about me as part of a background investigation. The Company may also conduct its own investigative inquiries into my background that may include obtaining such things as criminal records, driving records, personal references and job references pertaining to me. I authorize, without reservation, any person or entity contacted by the Company or anyone acting on its behalf, to furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing such information. I also release the Company from any and all liability for conducting such an investigation.

I further understand and agree that the Company may contact my previous employers. 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 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 authorize the Company to disclose my Social Security Number in order to obtain necessary information. I understand that if I refuse to execute this authorization, the Company may refuse to grant employment based on this refusal. A copy of this executed authorization shall be as valid as the original.

I hereby state that all the information that I have provided on this application or any other documents completed in connection with my employment, and in any interview is true and accurate. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any information provided to the Company is found to be false or incomplete in any respect, I may be dismissed.

If any term or provision, or portion of this Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

IF YOU HAVE ANY QUESTIONS REGARDING THIS DOCUMENT, PLEASE ASK BEFORE SIGNING.

I UNDERSTAND AND AGREE TO THE TERMS DESCRIBED ABOVE.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON ALL THREE PAGES OF THIS APPLICATION IS TRUE AND ACCURATE.

Date

Applicant's Signature

Applicant's Printed Name

Form W-4 (2005)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2005 expires February 16, 2006. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$800 and includes more than \$250 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-

earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line **E** below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2005. See Pub. 919, especially if your earnings exceed \$125,000 (Single) or \$175,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. 	B _____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____
G	Child Tax Credit (including additional child tax credit): <ul style="list-style-type: none"> • If your total income will be less than \$54,000 (\$79,000 if married), enter "2" for each eligible child. • If your total income will be between \$54,000 and \$84,000 (\$79,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children. 	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married) see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0040 <h1 style="font-size: 2em; margin: 0;">2005</h1>
1 Type or print your first name and middle initial Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2005, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet only if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2005 tax return.

- 1 Enter an estimate of your 2005 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2005, you may have to reduce your itemized deductions if your income is over \$145,950 (\$72,975 if married filing separately). See Worksheet 3 in Pub. 919 for details.) 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$10,000 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 7,300 \text{ if head of household} \\ \$ 5,000 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 Subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2005 adjustments to income, including alimony, deductible IRA contributions, and student loan interest 4 \$ _____
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from Worksheet 7 in Pub. 919) 5 \$ _____
- 6 Enter an estimate of your 2005 nonwage income (such as dividends or interest) 6 \$ _____
- 7 Subtract line 6 from line 5. Enter the result, but not less than "-0-" 7 \$ _____
- 8 Divide the amount on line 7 by \$3,200 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earner/Two-Job Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earner/Two-Job Worksheet (See *Two earners/two jobs* on page 1.)

Note. Use this worksheet only if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 Subtract line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2005. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2004. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1: Two-Earner/Two-Job Worksheet

Married Filing Jointly						All Others	
If wages from HIGHEST paying job are—	AND, wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	AND, wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$40,000	\$0 - \$4,000	0	\$40,001 and over	30,001 - 36,000	6	\$0 - \$6,000	0
	4,001 - 8,000	1		36,001 - 45,000	7	6,001 - 12,000	1
	8,001 - 18,000	2		45,001 - 50,000	8	12,001 - 18,000	2
	18,001 and over	3		50,001 - 60,000	9	18,001 - 24,000	3
\$40,001 and over	\$0 - \$4,000	0	60,001 - 65,000	10	24,001 - 31,000	4	
	4,001 - 8,000	1	65,001 - 75,000	11	31,001 - 45,000	5	
	8,001 - 18,000	2	75,001 - 90,000	12	45,001 - 60,000	6	
	18,001 - 22,000	3	90,001 - 100,000	13	60,001 - 75,000	7	
	22,001 - 25,000	4	100,001 - 115,000	14	75,001 - 80,000	8	
	25,001 - 30,000	5	115,001 and over	15	80,001 - 100,000	9	
					100,001 and over	10	

Table 2: Two-Earner/Two-Job Worksheet

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$60,000	\$480	\$0 - \$30,000	\$480
60,001 - 110,000	800	30,001 - 70,000	800
110,001 - 160,000	900	70,001 - 140,000	900
160,001 - 280,000	1,060	140,001 - 320,000	1,060
280,001 and over	1,120	320,001 and over	1,120

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires the information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to other states, and the District of Columbia for use in administering their tax laws; and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal non-tax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to

the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is: Recordkeeping, 45 min.; Learning about the law or the form, 12 min.; Preparing the form, 58 min. If you have comments concerning the accuracy of these time estimates or suggestions for making the form simpler, we would be happy to hear from you. You can write to: Internal Revenue Service, Tax Products Coordinating Committee, 5E-W-CAR-MP-T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send Form W-4 to this address. Instead, give it to your employer.





Service Provider Background Screening Consent Form

I, _____ hereby authorize Home Depot U.S.A., Inc. ("Home Depot"), upon execution of this consent form, to investigate the information contained in my application, and other background information, for the sole purpose of obtaining information relevant to my qualifications as an independent contractor, agent, or subcontractor thereof. I understand that this means I may be the subject of a "consumer report" from an outside agency, which report may contain information about my creditworthiness, credit standing, credit capacity, character, police and criminal records, general reputation, personal characteristics, and mode of living, whichever are applicable. By signing below, I authorize Home Depot to obtain, or cause to be obtained, a consumer report upon receipt of this form or at any time during which I am, or may be, a participant in Home Depot's installed sales program.

Home Depot is an equal opportunity employer and does not discriminate against applicants with regard to race, color, gender, sexual orientation, age, religion, national origin, disability, or any characteristic protected by applicable law.

I understand that inquiries on this form, which ask for my address and date of birth, are for identification verification purposes only. I understand that age is not considered in making decisions concerning independent contractors or the employees, agents, or subcontractors.

I release Home Depot and/or its agents and any person or entity that provides information pursuant to this authorization from any and all liabilities arising from any claims, lawsuits, or other actions in regard to the information obtained from any and all of the above referenced sources.

I further agree that the giving of any false, misleading, or incomplete information will be grounds for denial or termination of my authorization to participate in Home Depot's installed sales program.

I agree on my own behalf (and on behalf of Service Provider if I am an owner or principal of Service Provider) to indemnify, defend, and hold harmless Home Depot and Home Depot's parent, subsidiaries, affiliates, employees, agents, and customers from and against any demands, claims, or liability arising from the gathering and use of any information obtained from any and all of the above-referenced sources.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

PLEASE PRINT ALL INFORMATION ON THIS FORM

Full Name as it appears on Driver's License or State ID:

Last Name	First Name	Middle
Driver's License # or State ID	State of Issue	Soc. Sec. #
Other names by which you have been known:		Birthdate: Month Day Year

SEVEN (7) YEAR ADDRESS HISTORY					
STREET ADDRESS	CITY	STATE	ZIP	DATE From	DATE To
Current Address:					
Previous Address:					
Previous Address:					

Service Provider Company Name: _____ Mvendor #: _____

Fax Number: _____ Phone Number: _____

Check One: Service Provider Principal Employee Sub-Contractor Agent (Temporary Staff)

Applicant Signature: _____ Date: _____

Principal Package
New Hire—Fax with Credit Card Authorization Form to RIM or Divisional Office
Existing—Fax with Credit Card Authorization Form to ChoicePoint (877) 257-6257

Employee Package (Employee, Sub-Contractor, Agent)
New Hire—Fax with Credit Card Authorization Form to Service Provider Management (770) 384-4149
Existing—Fax with Credit Card Authorization Form to ChoicePoint (877) 257-6257

CALIFORNIA ONLY:

The name, address and phone number of the investigative reporting agency conducting this background investigation is: ChoicePoint Consumer Credit, P.O. Box 105108, Atlanta, GA 30302, 1-800-845-6004.

A copy of the investigative report will be mailed to you by Home Depot within seven days of Home Depot's receipt of the report. You are also entitled to inspect files and information maintained about you by the investigative consumer reporting agency identified above during normal business hours and on reasonable notice, or you may send a written request to the agency to 1) receive the information by certified mail, or 2) receive a summary of the information by telephone.

Skill Evaluation

What is a 5 in 1?

What would you add to latex paint to make it easier to apply?

What type of brush would you use for oil base paints?

What size brush would you use to paint a wood double hung window?

What size nap would you use for painting smooth interior sheetrock?

What size nap would you use for painting textured exterior stucco?

What is a grip?

When would you back roll?

What is throat seal?

What size tip would you use to spray interior sheetrock?

What size tip would you use to spray lightly textured exterior stucco?

What is a painter's holiday?