



**APPLICATION FOR
EMPLOYMENT**

Date: ____/____/____

PERSONAL INFORMATION:

Full Name: _____

Address: _____

DOB: _____

Phone Number: _____

Are you 18 years or older? ____ Yes ____ No

Are you legally eligible for employment in the U.S.? ____ Yes ____ No

EMPLOYMENT DETAILS

Position Desired: _____ Are you Employed Now: Yes ____ No

Hourly Rate Desired: _____ If so, Where: _____

Date Available to Start: _____ Referred By: _____

Full time or Part time: _____ Available for Overtime: _____

EDUCATION

High School: _____ Years Completed: _____

_____ Did you Graduate: _____

Additional Schooling: _____ Years Completed: _____

_____ Did you Graduate: _____

Other Training: _____ Years Completed: _____

_____ Certifications? _____

GENERAL INFORMATION

Have you ever worked for a painting or construction company before? _____

If yes, Where and Timeframe? _____

What types of Equipment did you use? _____

What skills have you developed that relate to the position you are applying for?

All positions require prolonged standing, walking, lifting, stopping, etc. Are there any physical limitations that prevent you from performing these activities? Explain if yes.

Do you have a driver's license? ___ Yes ___ No

If no, do you have reliable transportation? ___ Yes ___ No

If yes, have you received any speeding tickets, DUI, OVI, etc. within the last three years? _____

FORMER EMPLOYMENT

Company Name: _____

Address: _____

Phone Number: _____

Supervisor Name: _____

Start Pay Rate: _____ End Pay Rate: _____

Start Date: _____ End Date: _____

Reason for Leaving: _____

Company Name: _____

Address: _____

Phone Number: _____

Supervisor Name: _____

Start Pay Rate: _____ End Pay Rate: _____

Start Date: _____ End Date: _____

Reason for Leaving: _____

Company Name: _____

Address: _____

Phone Number: _____

Supervisor Name: _____

Start Pay Rate: _____ End Pay Rate: _____

Start Date: _____ End Date: _____

Reason for Leaving: _____

REFERENCES

****Not related, known at least 1 year***

Name: _____
Phone Number: _____
Relation to You: _____
Years Known: _____

Name: _____
Phone Number: _____
Relation to You: _____
Years Known: _____

Emergency Contact Name: _____

Phone Number: _____

Relation: _____

I certify that all the information submitted by me on this application is true and complete and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations and I agree that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed with or without cause, and with or without notice, at any time by the company.

Date: _____

Signature: _____