|  |  |
| --- | --- |
| **Name** (Last Name First) | |
| **Present Address** | |
| **Home Phone #** | **Cell Phone #** |
| **Social Security #** | **Driver’s License #** |

Employment Desired

|  |  |  |
| --- | --- | --- |
| **Position** | **Date You Can Start** | **Hourly Rate Desired?** |
| **Are You Employed Now?** | **If so, may we contact present employer?** | **Are you legally authorized to work in the U.S.?** |

Education History

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name & Location of School** | **Years Attended** | **Year You Graduated** | **Subjects Studied** |
| **High School** |  |  |  |  |
| **College** |  |  |  |  |
| **Other** |  |  |  |  |

Former Employers

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date**  **Month & Year** | **Name & Address of Employer** | **Salary** | **Position** | **Reason For Leaving** |
| From |  |  |  |  |
| To |
| From |  |  |  |  |
| To |
| From |  |  |  |  |
| To |

**Have you had any injuries or surgeries that may require any work restrictions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **If yes, explain:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been charged with a felony? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If yes, explain:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Experience

|  |  |
| --- | --- |
|  | **Seldom Often** |
| **Brush & Roll** | **1 2 3 4 5** |
| **Airless Paint Sprayer** | **1 2 3 4 5** |
| **Conventional Paint Sprayer** | **1 2 3 4 5** |
| **Working in Heat** | **1 2 3 4 5** |
| **Working from Heights** | **1 2 3 4 5** |
| **Working in Confined Space** | **1 2 3 4 5** |
| **Sand Blasting** | **1 2 3 4 5** |
| **Power Washing** | **1 2 3 4 5** |
| **Working with Two Part Epoxy & Urethanes** | **1 2 3 4 5** |
| **Working from Aerial Lifts** | **1 2 3 4 5** |
| **Allergic to any Coatings, Thinner or Chemicals** | **1 2 3 4 5** |
| **Needle Gun** | **1 2 3 4 5** |
| **Able to Travel** | **1 2 3 4 5** |
| **How much can you lift** | **50lbs 75lbs 100lbs** |

References

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Phone #** | **Business** | **Years Know** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter in to any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE SIGNATURE