

APPLICATION OF EMPLOYMENT

It is the policy of this company to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, sexual orientation, age, national origin, physical or mental challenge or veteran status.

Note: Please **PRINT** all answers in blue or black ink.

PERSONAL INFORMATION

First Name *Middle Initial* *Last Name*

Current Address:

Street & Unit # *City or Town* *State* *Zip Code*

Permanent Address (If different from above):

Street & Unit # *City or Town* *State* *Zip Code*

Cellular Telephone Number *Home Telephone Number*

Email Address

Do you have email access at your residence? Yes No

Does your cellular telephone have text message capability Yes No

Social Security Number *Drivers License Number* *State Issued*

Vehicle Information (Make) *(Model)* *(Color)* *(Year)*

Are you a citizen of The United States of America or authorized to work in the U.S. on an unrestricted basis? Yes No

If applicable please write your visa type, visa number and expiration date on line above.

Employment History

Present or Most Recent Employer

Name of Company

Dates of Employment / / Through / /

Supervisor:

Name

Title

Telephone Number

May we contact Yes No

Reason for Leaving:

Prior Employer

Name of Company

Dates of Employment / / Through / /

Supervisor:

Name

Title

Telephone Number

May we contact Yes No

Reason for Leaving:

Prior Employer

Name of Company

Dates of Employment / / Through / /

Supervisor:

Name

Title

Telephone Number

May we contact Yes No

Reason for Leaving:

Position Information

Apprentice Yes No What year Apprentice? _____

Journeyman Yes No How many years experience? ____

Were you referred to us by someone? _____

Do you speak a second language? Yes No Which language? _____

Would you be able to work weekends? Yes No

Would you be able to work overtime? Yes No

Are you willing to be a charginman (Run Work)? Yes No

Can you work a paste machine? Yes No

Can you install 54" vinyl wallcovering? Yes No

Can you install decorative finishes? Yes No

Can you use an airless sprayer? Yes No

Can you use a conventional spray setup? Yes No

Can you apply specialty spray finishes such as Scuffmaster or metallics?
 Yes No

Can you do Lift/Boom work? Yes No

Please check all current training/safety certificates you have.

OSHA 10 Date _____ OSHA 30 Date _____

C.P.R./First-Aid Expires _____ City of Chicago Scaffold Expires _____

PDC#14 Drug Free Card Exp. _____ Respirator Clearance Expires _____

Aerial Work Platform Exp. _____ Fall Protection Date _____

User/Erector/Dismantler Date _____ Illinois Lead Worker Expires _____

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal.

Furthermore I understand that if I am hired, employment with this company is "at will" which means that either the company or I can terminate my employment for any reason not prohibited by state or federal law.

Signature _____ Date _____