



EMPLOYMENT APPLICATION

Full Name: _____ Date: _____

First MI Last

Address: _____

Street

City

State

Zip

Telephone: _____ Email address: _____

Date Available: _____ Years Painting Experience: _____

Position for which you are applying: _____

Are you able to perform the duties of this position? Yes No

Some positions require the successful candidate to have a valid driver's license. The successful candidate will have to provide proof that she/he has a valid driver's license when offered employment.

Are you authorized to work in the U.S.? Yes No

Have you ever been convicted of a felony? Yes No

If yes, explain: _____

Have you been convicted of any drug- or alcohol-related activity? Yes No

The Painter, Inc., is committed to protecting the safety, health, and wellbeing of all employees and individuals in our workplace and in the field. We recognize that alcohol abuse and drug use pose a significant threat to our goals. We have established a drug-free workplace program that balances our respect for individuals with the need to maintain an alcohol- and drug-free environment.

Do you have reliable transportation? Yes No Do you have your own tools? Yes No

List the type of tools you have: _____

What is your painting experience? (What type(s) of painting have you done? How long in each area? What type(s) do you prefer?) _____

What value you will add to this company: _____

PREVIOUS EMPLOYMENT

Company: _____	Phone: _____
City/State: _____	Supervisor: _____
Job Title: _____	Dates Employed: _____
Responsibilities: _____	
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company: _____	Phone: _____
City/State: _____	Supervisor: _____
Job Title: _____	Dates Employed: _____
Responsibilities: _____	
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company: _____	Phone: _____
City/State: _____	Supervisor: _____
Job Title: _____	Dates Employed: _____
Responsibilities: _____	
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES

Please provide three work references who can be contacted.

Name: _____ Phone: _____

Email: _____

Name: _____ Phone: _____

Email: _____

Name: _____ Phone: _____

Email: _____

Filled in applications can be emailed to office@the-painter-inc.com. If you have any questions or concerns, please call the main office at 757-450-6239.