

Date: _____

ACCURATE PAINTING COMPANY

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

First & Last Name		Date of Birth	
Address		City	State Zip Code
Phone Number	Mobile Number		E-mail Address
Social Security / Tax ID		Driver's License No.	
Emergency Contact Name:		Emergency Contact Relationship:	Emergency Contact Number:

EMPLOYMENT DESIRED:

Desired Position?	Date You Can Start?	Salary Desired?
Are You Currently Employed?	Are You In The Union? If So, How Long?	

EDUCATION:

	Name of School	Location of School	Years Attended	Degree	Studies
High School					
College / Other					

MISCELLANEOUS:

Type of Transportation	Year	Make
Experience? Residential _____ YEARS Commercial _____ YEARS Industrial _____ YEARS Taping _____ YEARS Wall Covering _____ YEARS Spraying _____ YEARS		

FORMER EMPLOYERS:

Date	Name of Past (or Current) Employers	Salary / Wage	Reason for Leaving
From			
To			
From			
To			
From			
To			

CONVICTIONS:

Have you ever been convicted of a misdemeanor?	Have you ever been convicted of a felony?
If yes, what was it for?	If yes, what was it for?

SAFETY & HEALTH:

Are you a MUST member? If so, are all you modules up-to-date?	Do you have and OSHA certification? If so, please describe.
When is the last time you had a drug test?	Have you ever failed a drug test before?
Do you have any First Aid training? If so, are you certified?	Do you have any CPR training? If so, are you certified?
Do you have any reportable injuries?	Any lost work days? If so, please elaborate.
Do you have any allergies? If so, please describe.	Do you take any medications? If so, please elaborate.
Do you have any health conditions or health restrictions that may affect your work? If so, please describe below.	