



# Application for Employment

Date: \_\_\_\_\_

## I. Personal Information

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(City) (State) (Zip)

Telephone Number: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Previous Address: \_\_\_\_\_  
(City) (State) (Zip)

Valid Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Does this license qualify you to operate vehicles other than a normal passenger vehicle?  
 \_\_\_\_ Yes \_\_\_\_ No If yes, give details \_\_\_\_\_

## II Employment Information

Position desired \_\_\_\_\_ Wage desired \_\_\_\_\_

Currently employed? \_\_\_\_ Yes \_\_\_\_ No Availability \_\_\_\_\_

Have you ever applied with this company before? \_\_\_\_ Yes \_\_\_\_ No  
 If yes, when? \_\_\_\_\_

*Please complete the following employment history information beginning with the most recent employer.*

Company Name	Address	Phone	Position	How Long?

**III Education**

	School	# of Years	Degree Earned
High School			
College			
Other			

Have you received any formal training in the painting industry? \_\_\_\_Yes \_\_\_\_No  
If yes, please identify:\_\_\_\_\_

**IV General Information**

A. Have you ever been convicted of a felony in the last seven (7) years?  
(Conviction will not necessarily disqualify an applicant from employment.)  
\_\_\_\_Yes \_\_\_\_No If yes, please detail\_\_\_\_\_

B. Do you have any physical or emotional limitations that may affect your job performance? \_\_\_\_Yes \_\_\_\_No  
If yes, please explain:\_\_\_\_\_

C. Do you have any limitations getting to and from work?  
\_\_\_\_Yes \_\_\_\_No If yes, please explain\_\_\_\_\_

Do you have your own vehicle and current valid driver's license?  
\_\_\_\_Yes \_\_\_\_No

D. Please explain why you are qualified for a job with this company.

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