## APPLICATION FOR EMPLOYMENT THAYER'S PAINTING & THAYER'S EXTERIORS

GENERAL INFORMATION:		TODAY'S DATE
NAME		DATE OF BIRTH
CURRENT ADDRESS		
CITY, STATE, ZIP		
HOW LONG HAVE YOU RESIDED AT THE	ABOVE ADI	DRESS
SOCIAL SECURITY NUMBER		
HOME TELEPHONE NUMBER		CELL PHONE NUMBER
E-MAIL ADDRESS		
ARE YOU CURRENTLY AUTHORIZED TO (PROOF OF ELIGIABILITY WILL BE REQU	WORK IN TH	HE UNITED STATES ?
ARE YOU APPLYING FOR FULL TIME WO	PRK?	PART-TIME WORK
WHEN ARE YOU AVAILABLE TO START V	WORK?	
DO YOU HAVE A VALID DRIVER'S LICEN (A VALID LICENSE WILL BE REQUIRED II	ISE? F HIRED.)	
HAVE YOU HAD ANY DRIVING ACCIDEN	TS DURING	THE PAST THREE YEARS?
HAVE YOU HAD ANY MOVING VIOLATIC	ONS DURING	THE PAST THREE YEARS?
HAVE YOU EVER BEEN CONVICTED OF A	A CRIME?	IF YES, PLEASE EXPLAIN:
REFERENCES: NAMES OF TWO INDIVIDU	JALS (NOT R	RELATED):
NAME	N	AME
ADDRESS	A	DDRESS
CITY, STATE, ZIP	C	ITY, STATE, ZIP
PHONE NUMBER		HONE NUMBER
HOW DO YOU KNOW THIS PERSON?	Н	OW DO YOU KNOW THIS PERSON?

## NAME OF EMPLOYER ADDRESS, CITY, STATE, ZIP TELEPHONE NUMBER \_\_\_\_\_\_ BOSS OR SUPERVISOR'S NAME \_\_\_\_\_ EMPLOYMENT DATES FROM \_\_\_\_\_\_ TO \_\_\_\_ POSITION HELD \_\_\_\_\_ PAY OR SALARY \_\_\_\_ REASON FOR LEAVING? NAME OF EMPLOYER \_\_\_\_\_ ADDRESS, CITY, STATE, ZIP \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_ BOSS OR SUPERVISOR'S NAME \_\_\_\_\_ EMPLOYMENT DATES FROM \_\_\_\_\_\_ TO \_\_\_\_\_ POSITION HELD \_\_\_\_\_ PAY OR SALARY \_\_\_\_\_ REASON FOR LEAVING? NAME OF EMPLOYER ADDRESS, CITY, STATE, ZIP TELEPHONE NUMBER \_\_\_\_\_\_ BOSS OR SUPERVISOR'S NAME \_\_\_\_\_ EMPLOYMENT DATES FROM \_\_\_\_\_\_ TO \_\_\_\_\_ POSITION HELD PAY OR SALARY REASON FOR LEAVING?

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

WORK EXPERINECE: LIST YOUR LAST THREE EMPLOYERS, STARTING WITH MOST CURRENT

HIGH SCHOOL GRADUATE YEAR SCHOOL			
I DID NOT GRADUATE FROM HIGH SCHOOL YEARS ATTENDED GED			
COLLEGE GRADUATE YEAR SCHOOL			
DEGREE OBTAINED IN			
YEARS ATTENDED COLLEGE			
BUSINESS OR TRADE SCHOOL GRADUATE SCHOOL			
DEGREE OBTAINED IN			
YEAR ATTENDED BUSINESS OR TRADE SCHOOL			
<u>CAPABILITIES:</u>			
ARE YOU AFRAID OF HEIGHTS?			
HAVE YOU EVER WORKED OFF OF SCAFFOLDING?			
HAVE YOU EVER WORKED OFF OF A PLANK?			
DO YOU KNOW HOW TO PROPERLY MOVE A LADDER?			
CHECK THE AREAS YOU HAVE EXPERIENCE IN:			
PAINTING: CLEANING OUT BRUSHES CAULKING PAINTING TRIM			
PAINTING WALLS BRUSH WORK PAINTING DOORS			
AIRLESS SPRAYER HPLV SPRAYER NEW CONSTRUCTION			
RESIDENTIAL WORK WALLPAPERING			
EXTERIOR: ROOFING SIDING GUTTERS REPAIR WORK			

CARPENTRY \_\_\_\_ PLUMBING \_\_\_ ELECTRICAL \_\_\_ METAL WORK (BRAKE) \_\_\_\_

**EDUCATION**: