

PENTOIR

PAINTING • SPRAY FOAM INSULATION • DRYWALL

METAL FRAMING • CONCRETE STAINING

Employment Application

APPLICANT INFORMATION											
Last Name				First				M.I.	Date		
Street Address							Date of Birth				
City				State				ZIP			
Phone				E-mail Address							
Date Available				Social Security No.				Desired Salary			
Position Applied for											
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?								
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain								
Do you consent to a criminal background search?	YES <input type="checkbox"/>	NO <input type="checkbox"/>									
Best time and method of contact?				How did you hear about us?							
EDUCATION											
High School				Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
College				Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
Other				Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
REFERENCES											
<i>Please list three professional references.</i>											
Full Name				Relationship							
Company				Phone	()						
Address											
Full Name				Relationship							
Company				Phone	()						
Address											
Full Name				Relationship							
Company				Phone	()						
Address											

PREVIOUS EMPLOYMENT

Company					Phone	()	
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	What did you like most/least about this job?	
Company					Phone	()	
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	What did you like most/least about this job?	
Company					Phone	()	
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	What did you like most/least about this job?	

EXPERIENCE – PLEASE CHECK THE FOLLOWING THAT YOU HAVE EXPERIENCE IN.

Spray Foam Insulation:		Drywall:		Painting:		Other:	
Roof foam		Hanging		Residential		Wallpaper	
Interior foam		Finishing		Commercial		Floor coatings	
		Repair		Spraying		Concrete staining	
		Textures				Other	Describe below

What is your strongest skill?

OTHER RELEVANT WORK EXPERIENCE:

Do you have your own tools? YES NO Do you have reliable transportation? YES NO

What do you want to learn more about?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature					Date	
-----------	--	--	--	--	------	--