



BEACH PAINTING CONTRACTORS

1496 Colington Road • Kill Devil Hills, NC 27948

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PAINTER APPLICATION FOR EMPLOYMENT

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE OF BIRTH

NAME

SS#

LAST

FIRST

MIDDLE

PRESENT ADDRESS

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS

STREET

CITY

STATE

ZIP

PHONE NO.

EMAIL ADDRESS

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? Yes No

EMPLOYMENT DESIRED

POSITION

DATE YOU CAN START

SALARY DESIRED

ARE YOU EMPLOYED NOW?

IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

REFERRED BY

EDUCATION	NAME AND LOCATION OF SCHOOL	* YEARS ATTENDED	* DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

FORMER EMPLOYERS: LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST:

DATE (MONTH AND YR)	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT HIS JOB?

(CONTINUES ON OTHER SIDE)

HEALTH / PHYSICAL CONDITION: TO YOUR KNOWLEDGE, DO YOU SUFFER FROM ANY OF THE FOLLOWING:

<input type="checkbox"/> Epoxy Poisoning	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Back Injury	<input type="checkbox"/> Dizziness
<input type="checkbox"/> Respiratory Problems	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Heart Trouble
<input type="checkbox"/> Hernia or Rupture	<input type="checkbox"/> Defective Hearing	<input type="checkbox"/> Rheumatism	<input type="checkbox"/> Carpal Tunnel
<input type="checkbox"/> Other (please describe):			

* The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

PAINTING EXPERIENCE: CHECK ALL THAT APPLY:

<input type="checkbox"/> Interior	<input type="checkbox"/> Commercial	<input type="checkbox"/> Airless Sprayer	<input type="checkbox"/> Extension Ladders
<input type="checkbox"/> Exterior	<input type="checkbox"/> Power Washing	<input type="checkbox"/> Wood Finish	<input type="checkbox"/> Platform Manlift
<input type="checkbox"/> Residential	<input type="checkbox"/> Drywall	<input type="checkbox"/> Color Match	<input type="checkbox"/> Ladder Work

REFERENCES: GIVE THE NAMES OF 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR:

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

IN CASE OF EMERGENCY NOTIFY

NAME	RELATIONSHIP
ADDRESS	PHONE NO.

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE."

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REMARKS: _____

NEATNESS _____ ABILITY _____

HIRED: YES NO POSITION _____ DEPT. _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____

APPROVED BY: _____