



JOB APPLICATION

Name: _____ Date of Birth: _____

Social Security #: _____ DLN: _____

Present Address: _____ Telephone #: _____

Marital Status: Married Single Divorced Widow/Widower

Do you have any physical defects that would prevent you from performing your job duties? Yes No

If yes, what? _____

Do you have a history of illness that would prevent you from performing your job duties? Yes No

If yes, what? _____

Are you afraid of heights? Yes No Electricity? Yes No

Type of work desired: _____

Do you own your own tools? Yes No

Previous work experience: _____ Years experience: _____

Are you currently employed? Yes No Current pay: _____

Years of school completed: _____

Do you have your own transportation? Yes No If yes, what kind? _____

Do you have any legal problems that would prevent you from your job duties? Yes No

PREVIOUS EMPLOYMENT
Address/Phone

Company Name

Type of Work

Date of Application: _____

Signature: _____

JOB EXPERIENCE WORKSHEET

Employee: _____

Date: _____

On a scale of 1 to 5 (with 5 being the highest), please rate your degree of experience with each type of work listed below.

INTERIOR

_____ Hanging Drywall

_____ Finishing Drywall

_____ Framing

_____ Trim

_____ Wood Finishing

_____ Painting

_____ Ceramic Tile

_____ Staining and Varnishing

_____ Plumbing

_____ Electric

_____ Heating

_____ Cabinets

_____ Concrete

_____ Doors

EXTERIOR

_____ Decking

_____ Aluminum Siding

_____ Vinyl Siding

_____ Soffit & Fascia

_____ Gutters

_____ Roofing

WINDOWS

_____ Wood (Pella, Marvin)

_____ Aluminum Wrap

_____ Vinyl Replacement

_____ Exterior Window Metal

(Frame Expander/Receptor)

FLOOR COVERINGS

_____ Wood

_____ Ceramic

_____ Vinyl