



APPLICATION FOR EMPLOYMENT - Union Painter/Taper/Wall Covering Installer

Please print or type. The application must be filled out in it's entirety and returned via email to info@professionaldec.com

* We are an equal opportunity employer

Applicant Information

Full Name: _____
Last First Middle Initial

Address: _____
Street Address Apartment/Unit#

_____ *City State Zip Code*

Cell Phone: _____ Email: _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? YES NO

Position

Are you currently in the Painter's Union? YES NO Do you have a current card? YES NO

District Council # _____ Local Union # _____

Skill Level Apprentice Journeyman Foreman Superintendent

If you checked Apprentice, what year are you in? 1st Year 2nd Year 3rd Year

Have you ever worked for Professional Decorating & Painting in the past? YES NO

* If yes, when? _____

* If yes, what was the reason for leaving? _____

Who referred you to this company? Painter's Union - contact name: _____

Current PDP Employee - contact name: _____

No referral Other

* If Other, please list method of referral _____

Education

Level of Education	Name	Location	# of Years Attended	Did you graduate?
High School				
College				
Trade, Business, or Correspondence School				

Service Record

Branch of Service _____ Discharge Date _____ Rank _____

Are you currently enlisted in the National Guard or Reserves? YES NO

If you are currently enlisted in the National Guard or Reserves, when does your obligation end? _____

References (business and professional only)

List three persons that are not related to you, whom you have known at least one year

	Name	Title	Company	Phone
1.)				
2.)				
3.)				

Employment History

Employer (1)			
<i>Most Recent</i>		Name _____	
Street Address _____		City _____	State _____
Job Title _____	Starting Date _____	Leaving Date _____	
Reason for leaving? _____			
Name of Supervisor _____		*May we contact them? <input type="checkbox"/> YES <input type="checkbox"/> NO	
*If yes, please provide their phone number _____			

Employer (2)		
<i>Name</i> _____		
<i>Street Address</i> _____	<i>City</i> _____	<i>State</i> _____
Job Title _____	Starting Date _____	Leaving Date _____
Reason for leaving? _____		
Name of Supervisor _____	*May we contact them? <input type="checkbox"/> YES <input type="checkbox"/> NO	
*If Yes, please provide their phone number _____		

Employer (3)		
<i>Name</i> _____		
<i>Street Address</i> _____	<i>City</i> _____	<i>State</i> _____
Job Title _____	Starting Date _____	Leaving Date _____
Reason for leaving? _____		
Name of Supervisor _____	*May we contact them? <input type="checkbox"/> YES <input type="checkbox"/> NO	
*If Yes, please provide their phone number _____		

Signature Disclaimer

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 employment being terminated.

Name (please print) _____ Date _____

Signature _____