



Vision Painting Application

Name: _____ Date: _____

Address: _____ Phone #: _____

City/Zip: _____ Birthday: _____

How did you hear about us? _____

List your experience. Who have you worked for and what kind of work did you do:

Valid Drivers License Yes _____ No _____

Reliable Transportation Yes _____ No _____

Have you worked on lifts before Yes _____ No _____

What kind of lifts: _____

Commercial or Residential (circle one or both)

Cut Roll Spray Drywall Vinyl Wallcovering Special Coatings

If you have spray experience, please list the products you have sprayed:

Emergency Contact:
Name: _____ Phone Number: _____

Notes _____

Vision Painting Test

Name: _____

Date: _____

Please complete the following questions to the best of your ability.

1. What type of brush would you use when painting with oil paint?

2. How many square feet is an area 10 feet tall and 10 feet wide?

3. What size grit would you use to finish sand wood?

4. What size tip would you use to spray block filler?

5. If you are using an extension ladder that is 15 feet high, how far out should you place the base and how far above the roof line should the ladder be?

6. How many steel door frames can you paint one coat in one hour?

7. What type of shoes would you wear on a jobsite?

8. List 5 tools that would be used to paint an average paint job.

9. What is your preferred thickness of roller nap for painting drywall?

10. Name two types of lifts used on a commercial job site.
