



**888.453.6490**

214 W. Spirit Avenue 7750 Highway 51  
 Tomahawk, WI 54487 Minocqua, WI 54548  
**715.453.6490 715.358.0808**

Employment Application

Date \_\_\_\_\_

| APPLICANT INFORMATION                     |                              |                             |   |
|---|------------------------------|-----------------------------|---|
| Last Name                                 | First                        | M.I.                        | Date of Birth   |
| Street Address                            |                              | Apartment/Unit #            |   |
| 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 been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain   |
| In case of emergency contact name:        |                              | Telephone:                  |   |

| 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"/> |                    |                    |  |
| 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"/> |                    |                    |  |
| 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"/> |                    |                    |  |

**MILITARY SERVICE**

|                                  |                   |    |
|----------------------------------|-------------------|----|
| Branch                           | From              | To |
| Rank at Discharge                | Type of Discharge |    |
| If other than honorable, explain |                   |    |

**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 |
|-----------|------|

| Painting Experience                                  |                              |                              |                                       |                              |   |
|--|------------------------------|------------------------------|---------------------------------------|------------------------------|---|
| Are you physically able to lift and carry 50 lbs.    | YES <input type="checkbox"/> | No <input type="checkbox"/>  | Do you have a valid driver's license? |                              | YES <input type="checkbox"/> No <input type="checkbox"/>  |
| Do you have a fear of heights                        | YES <input type="checkbox"/> | No <input type="checkbox"/>  | Do you have a reliable vehicle?       |                              | YES <input type="checkbox"/> No <input type="checkbox"/>  |
| How many feet would you feel comfortable on a ladder | 16' <input type="checkbox"/> | 20' <input type="checkbox"/> | 24' <input type="checkbox"/>          | 28' <input type="checkbox"/> | 32' <input type="checkbox"/> 40' <input type="checkbox"/> |

| If you have NO or LITTLE experience check the box and do not complete this section NO EXPERIENCE <input type="checkbox"/> |                                    |  |  |
|---|------------------------------------|--|--|
| Mark items that you feel confident in doing based on your previous <b>PAINTING EXPERIENCE</b>                             |                                    |  |  |
| Yes <input type="checkbox"/> No <input type="checkbox"/>  | Wallpaper Experience               | Yes <input type="checkbox"/> No <input type="checkbox"/> | Removal of Wallpaper                   |
| Yes <input type="checkbox"/> No <input type="checkbox"/>  | Caulking Experience                | Yes <input type="checkbox"/> No <input type="checkbox"/> | Chinking                               |
| Yes <input type="checkbox"/> No <input type="checkbox"/>  | Interior Painting                  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Exterior Painting                      |
| Yes <input type="checkbox"/> No <input type="checkbox"/>  | Power Washing Experience           | Yes <input type="checkbox"/> No <input type="checkbox"/> | Sand Blasting Experience               |
| Yes <input type="checkbox"/> No <input type="checkbox"/>  | Drywall Patching Experience        | Yes <input type="checkbox"/> No <input type="checkbox"/> | Drywall Texturing Experience           |
| Yes <input type="checkbox"/> No <input type="checkbox"/>  | Airless Spraying Experience        | Yes <input type="checkbox"/> No <input type="checkbox"/> | HVLP Spraying Experience               |
| Yes <input type="checkbox"/> No <input type="checkbox"/>  | Enamel Woodwork Experience         | Yes <input type="checkbox"/> No <input type="checkbox"/> | Varnish Woodwork Experience            |
| Yes <input type="checkbox"/> No <input type="checkbox"/>  | Staining Woodwork Experience       | Yes <input type="checkbox"/> No <input type="checkbox"/> | Exterior Staining Experience           |
| Yes <input type="checkbox"/> No <input type="checkbox"/>  | Woodwork Stripping Experience      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Dry-Brush Woodwork Experience          |
| Yes <input type="checkbox"/> No <input type="checkbox"/>  | Experience with working on ladders | Yes <input type="checkbox"/> No <input type="checkbox"/> | Experience with working on scaffolding |
| Yes <input type="checkbox"/> No <input type="checkbox"/>  | Experience with working on lifts   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Grinding and Sanding Experience        |
| Other Experience<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  | If yes, explain:                   |  |  |