



1530 Retsil Road S.E.
Port Orchard, WA 98366
(360)689-5772
skqualitypainting@gmail.com

Application for Employment

Only qualified applicants receive consideration for employment without discrimination because of sex, marital status, sexual preference, race, color, creed, national origin, age, or the presence of a non-job-related handicap.

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. False statements on this application form shall be considered sufficient cause for termination.

Name: _____ Birth Date: _____

Address: _____
No. Street City State Zip

Telephone: _____

Position/ Type of employment desired: _____

Have you worked for us before? Yes: ___ No: ___ If yes, when? _____

Why did you apply at this company? _____

Employee Referral? (Name of Employee): _____

Names of relative(s) employed by this company: _____

Are you willing to work out of town? _____

Education: _____ (Circle last year attended)

High School: _____ 1 2 3 4 Graduated: Yes: ___ No: ___ If yes, when? _____
Name Year

Other Training (Apprenticeship): _____

Are you willing to: _____ (Check the following that apply)
High work: ___ Lifts: ___ Confined space? ___

Do you have a current first aid card? Yes: ___ No: ___

Do you have a current CPR card? Yes: ___ No: ___

Do you have reliable transportation? Yes: ___ No: ___

Are there any reasons Why you might not be able to get on a military base?
Yes: ___ No: ___

Applicants do not write inside this box!
Comments:

Starting date: _____ Pay Rate: _____ Su p. Sig. _____



Painters Experience: (check all that apply): Journeyman: _____ Apprentice: _____

- Residential _____ Years Experience
- Commercial _____ Years Experience
- Lead Man _____ Years Experience
- Own Business _____ Years Experience
- Foreman _____ Years Experience
- Industrial _____ Years Experience

Skilled Areas: (check all that apply):

- Brush _____ Years Experience
- Spray _____ Years Experience _____ Type
- Sandblasting _____ Years Experience
- Line Striping _____ Years Experience
- Caulking _____ Years Experience
- Hand Taping _____ Years Experience
- Scaffolding _____ Years Experience
- Special Coatings _____ Years Experience _____ Type
- Roller _____ Years Experience
- Paper Hanging _____ Years Experience
- Staining _____ Years Experience

Do you have any physical, mental, or sensory limitations or disabilities, to assist us in placement? _____

Have you been involved in a worker's compensation injury claim? Yes: ____ No: ____
If yes, describe: _____

Quality Coating Enterprises provides protective equipment for you, the field of painting can expose to you thinners, solvents, epoxies, and other toxic vapors and dusts. Do you have a current medical condition that we need to be made aware of and thereby accommodate to reduce your exposure to hazardous chemicals? Yes: ____ No: ____

If yes, describe: _____



Do you have any activities, commitments or responsibilities, which may prevent you from meeting work attendance requirements? Yes: ___ No: ___

If yes, describe: _____

Previous Employers:

(List your most recent employer first)

Company Name: _____ Job Title: _____ Hourly rate: _____

Address: _____
No. Street City State Zip

Telephone: _____ Name of Supervisor _____

Reason for leaving: _____ Start date: _____ Termination date _____

Company Name: _____ Job Title: _____ Hourly rate: _____

Address: _____
No. Street City State Zip

Telephone: _____ Name of Supervisor _____

Reason for leaving: _____ Start date: _____ Termination date _____

Company Name: _____ Job Title: _____ Hourly rate: _____

Address: _____
No. Street City State Zip

Telephone: _____ Name of Supervisor _____

Reason for leaving: _____ Start date: _____ Termination date _____

Personal References: (Exclude relatives)

1. _____ Phone Number _____

2. _____ Phone Number _____

Have you been convicted of a felony within the last 7 years? Yes: ___ No: ___

If yes, describe: _____

Have you tested positive or refused to test on any pre-employment drug or alcohol test administer by a company to which you applied for in the past 2 years? Yes: ___ No: ___

If yes, describe: _____



For certain contracts painters are required to obtain a fingerprint clearance card. In order to receive a clearance card you cannot be convicted, awaiting trial or agree upon a plea agreement committing any of the following criminal offenses in this state or another jurisdiction:

(This does not impact the hiring process, but for Quality Coating Enterprises, LLC to assign individuals to specific projects.)

1. Sexual abuse of a minor.
2. Incest.
3. First or second degree murder.
4. Kidnapping.
5. Arson.
6. Sexual assault.
7. Sexual exploitation of a minor.
8. Felony offenses involving contributing to the delinquency of a minor.
9. Commercial sexual exploitation of a minor.
10. Felony offenses involving sale, distribution or transportation of, offer to sell, transport, or distribute or conspiracy to sell, transport or distribute marijuana or dangerous or narcotic drugs.
11. Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs.
12. Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs.
13. Burglary in the first degree.
14. Burglary in the second or third degree.
15. Aggravated or armed robbery.
16. Robbery.
17. A dangerous crime against children as defined in section 13-705.
18. Child abuse.
19. Sexual conduct with a minor.
20. Molestation of a child.
21. Manslaughter.
22. Aggravated assault.
23. Assault.
24. Exploitation of minors involving drug offenses.

Signature

Date