

# Employment Application

TODAY'S DATE: \_\_\_\_\_

Have you previously applied for employment with Chewelah Painting?  YES  NO

For what position(s) are you applying?

Trainee  Painter  Crew Lead  Office  Other: \_\_\_\_\_

How were you referred to Chewelah Painting for employment? \_\_\_\_\_

I. GENERAL INFORMATION		
LAST NAME	FIRST NAME	MIDDLE INITIAL
PHYSICAL ADDRESS		
MAILING ADDRESS		HOME PHONE #
EMAIL ADDRESS		MOBILE PHONE #

II. BACKGROUND INFORMATION			
WHAT IS YOUR MEANS OF TRANSPORTATION TO WORK? (i.e. personal vehicle, public transportation, walking, ride from someone)			
DO YOU HAVE A VALID, CURRENT DRIVER'S LICENSE? <input type="checkbox"/> YES	DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE
<input type="checkbox"/> NO:  EXPLANATION →			
HOW MANY ACCIDENTS HAVE YOU HAD IN THE PAST 3 YEARS? _____	HOW MANY DRIVING VIOLATIONS HAVE YOU HAD IN THE PAST 3 YEARS? _____		

III. EDUCATION				
	NAME OF SCHOOL	LOCATION (CITY, STATE)	DATES ATTENDED (YEARS)	DEGREE
HIGH SCHOOL				<input type="checkbox"/> DIPLOMA <input type="checkbox"/> G.E.D. <input type="checkbox"/> DID NOT GRADUATE
COLLEGE				
VOC/TECH SCHOOLING				

IV. CERTIFICATIONS/TRAINING COMPLETIONS – ANY FIELD (i.e. first aid, OSHA, etc)				
NAME OF CERTIFICATION/TRAINING	CERTIFICATE #	ISSUING AUTHORITY	DATE EARNED	EXPIRATION DATE

## V. COMPLETE EMPLOYMENT HISTORY

**\*\*BEGIN WITH YOUR MOST RECENT JOB AND END WITH YOUR FIRST JOB. ACCOUNT FOR ALL PAYING JOBS HELD.\*\***  
**CURRENT/ACCURATE CONTACT PHONE# OF 4 MOST RECENT EMPLOYERS MUST BE INCLUDED**

JOB TITLE			DATES WORKED			PAY		
			FROM _____ TO _____			\$ _____/HR		
NAME OF EMPLOYER/COMPANY			NAME OF SUPERVISOR			EMPLOYER PHONE #		
ADDRESS OF EMPLOYER						SUPERVISOR PHONE #		
REASON FOR LEAVING								
<b>LIST ALL DUTIES PERFORMED - REQUIRED</b>								

JOB TITLE			DATES WORKED			PAY		
			FROM _____ TO _____			\$ _____/HR		
NAME OF EMPLOYER/COMPANY			NAME OF SUPERVISOR			EMPLOYER PHONE #		
ADDRESS OF EMPLOYER						SUPERVISOR PHONE #		
REASON FOR LEAVING								
<b>LIST ALL DUTIES PERFORMED - REQUIRED</b>								

JOB TITLE			DATES WORKED			PAY		
			FROM _____ TO _____			\$ _____/HR		
NAME OF EMPLOYER/COMPANY			NAME OF SUPERVISOR			EMPLOYER PHONE #		
ADDRESS OF EMPLOYER						SUPERVISOR PHONE #		
REASON FOR LEAVING								
<b>LIST ALL DUTIES PERFORMED - REQUIRED</b>								

JOB TITLE			DATES WORKED			PAY		
			FROM _____ TO _____			\$ _____/HR		
NAME OF EMPLOYER/COMPANY			NAME OF SUPERVISOR			EMPLOYER PHONE #		
ADDRESS OF EMPLOYER						SUPERVISOR PHONE #		
REASON FOR LEAVING								
<b>LIST ALL DUTIES PERFORMED - REQUIRED</b>								

## VI. GAPS IN EMPLOYMENT HISTORY

**\*\*ACCOUNT FOR ALL GAPS IN EMPLOYMENT LISTED IN SECTION V.\*\***

STARTING _____/_____ MONTH      YEAR	ENDING _____/_____ MONTH      YEAR
REASON FOR GAP IN EMPLOYMENT (TRAVEL, RELOCATION, SCHOOL, LOOKING FOR WORK, ETC...)	

STARTING _____/_____ MONTH      YEAR	ENDING _____/_____ MONTH      YEAR
REASON FOR GAP IN EMPLOYMENT (TRAVEL, RELOCATION, SCHOOL, LOOKING FOR WORK, ETC...)	

STARTING _____/_____ MONTH      YEAR	ENDING _____/_____ MONTH      YEAR
REASON FOR GAP IN EMPLOYMENT (TRAVEL, RELOCATION, SCHOOL, LOOKING FOR WORK, ETC...)	

STARTING _____/_____ MONTH      YEAR	ENDING _____/_____ MONTH      YEAR
REASON FOR GAP IN EMPLOYMENT (TRAVEL, RELOCATION, SCHOOL, LOOKING FOR WORK, ETC...)	

## VII. NON-WORK REFERENCES

NAME	PHONE NUMBER	RELATIONSHIP

**THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE.  
I UNDERSTAND THE EMPLOYERS LISTED IN SECTION V MAY BE CONTACTED AS REFERENCES.**

## VIII. SIGNATURE AND DATE

TODAY'S DATE	SIGNATURE
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