

APPLICATION FOR EMPLOYMENT

GUTTER INSTALLER / PAINTER

NAME: _____ DATE: _____

CURRENT ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____

TELEPHONE: _____ TELEPHONE: _____

EMPLOYMENT DESIRED: FULL TIME YEAR ROUND / PART TIME

ANY EXPERIENCE _____ ANY EXPERIENCE WITH CONSTRUCTION/LADDERS: _____

DO YOU HAVE A PROBLEM WITH HEIGHTS?: _____ VALID DRIVERS LICENSE: YES NO

ANY COURT CASES/FELONIES IN THE PAST 10 YEARS: YES NO

IF YES, EXPLAIN: _____

HOW SOON COULD YOU START? _____ STARTING HOURLY WAGE: _____

EMPLOYMENT HISTORY

1. COMPANY NAME: _____ TELEPHONE: _____

ADDRESS: _____

CONTACT PERSON: _____

JOB TITLE AND DESCRIPTION OF WORK: _____

EMPLOYED – (STATE MONTH AND YEAR): FROM _____ TO: _____

REASON FOR LEAVING: _____

2. COMPANY NAME: _____ TELEPHONE: _____

ADDRESS: _____

CONTACT PERSON: _____

JOB TITLE AND DESCRIPTION OF WORK: _____

EMPLOYED – (STATE MONTH AND YEAR): FROM _____ TO: _____

REASON FOR LEAVING: _____

3. COMPANY NAME: _____ TELEPHONE: _____

ADDRESS: _____

CONTACT PERSON: _____

JOB TITLE AND DESCRIPTION OF WORK: _____

EMPLOYED – (STATE MONTH AND YEAR): FROM _____ TO: _____

REASON FOR LEAVING: _____