



APPLICATION FOR EMPLOYMENT

Date: _____

| APPLICANT INFORMATION | | | | |
|--|--------------------|------------------------------|-----------------------------|---|
| Last Name | | First & M.I. | | DOB: |
| Street Address | | | Apt/Unit # | |
| City | | State | ZIP | |
| Phone | | E-mail Address | | |
| Date Available: | Social Security #: | | Desired Salary: \$ | |
| Position Applied for: | | Years' Experience: | | |
| 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? | | <input type="checkbox"/> | <input type="checkbox"/> | If yes, explain: |
| Do you have your own reliable transportation? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, are you willing to drive to jobsite locations? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Application Experience, please select all that apply: | | | | |
| <input type="checkbox"/> Interior Painting <input type="checkbox"/> Exterior Painting <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> High-End Residential <input type="checkbox"/> Stain Work <input type="checkbox"/> Floor Coatings <input type="checkbox"/> Exterior Staining <input type="checkbox"/> Interior Staining <input type="checkbox"/> Commercial Drywall <input type="checkbox"/> Fabric & Acoustical Wall Panels <input type="checkbox"/> Acoustical Ceilings <input type="checkbox"/> Other: _____ | | | | |
| Tool/equipment familiarity, please select all that apply: | | | | |
| <input type="checkbox"/> Trade hand tools <input type="checkbox"/> Pressure washer <input type="checkbox"/> Power tools <input type="checkbox"/> Palm sanders <input type="checkbox"/> Airless paint sprayer <input type="checkbox"/> Extension ladders <input type="checkbox"/> Drywall hand tools <input type="checkbox"/> Drywall power sander <input type="checkbox"/> Deck/floor sanders <input type="checkbox"/> Air-assisted paint sprayer <input type="checkbox"/> Scissor Lift <input type="checkbox"/> Boom Lift <input type="checkbox"/> Other: _____ | | | | |
| Safety Training: <input type="checkbox"/> OSHA 10 Hour <input type="checkbox"/> OSHA 30 Hour <input type="checkbox"/> Competent Person Fall Protection <input type="checkbox"/> Competent Person Scaffolding <input type="checkbox"/> Other: _____ | | | | |

| EDUCATION | | | |
|-------------|----|--|---------|
| High School | | Address | |
| From | To | Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO | Diploma |
| College | | Address | |
| From | To | Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO | Degree |
| Other | | Address | |
| From | To | Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO | Degree |

PREVIOUS EMPLOYMENT

| | | | |
|------------------|--------------------|--------------------|--|
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |

REFERENCES (Please list three professional references)

| | |
|-----------|--------------|
| Full Name | Relationship |
| Company | Phone |
| Address | |
| Full Name | Relationship |
| Company | Phone |
| Address | |
| Full Name | Relationship |
| Company | Phone |
| Address | |

HOW DID YOU HEAR ABOUT US?

Referred by:

ARE YOU RELATED TO OR DO YOU KNOW SOMEONE WHO CURRENTLY WORKS FOR MB COATINGS, INC? YES NO

Name(s):

DISCLAIMER AND SIGNATURE

I hereby certify that all entries on the application are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment with MB Coatings. I understand that all information on this application is subject to verification, and I consent to references, former employers and educational institutions listed being contacted regarding this application. I further understand and agree that this employment application does not create a contract of employment.

Signature _____ Date _____