



# Employment Application

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Best Time to Contact

Morning  Afternoon  Evening

Email: \_\_\_\_\_

Education Level

- High School
- Incomplete High School
- Completed Trade School
- Incomplete Trade School
- Completed College
- (2 Yr) - Incomplete College
- (2 Yr) - Completed College
- (4 Yr) - Incomplete College
- (4 Yr) - Completed College
- Incomplete Post Graduate
- Completed Post Graduate

## **Previous Employment**

(List your current or most recent employment first. Include work related internships, military and volunteer work.)

### ***Most Recent Employer Information***

Current (or most recent) Employer Name: \_\_\_\_\_

Your Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Salary: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Date Employed From: (mm/dd/yy): \_\_\_\_\_ To: (mm/dd/yy): \_\_\_\_\_

### ***Previous Employer Information***

Current Employer Name: \_\_\_\_\_

Your Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Salary: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Date Employed From: (mm/dd/yy): \_\_\_\_\_ To: (mm/dd/yy): \_\_\_\_\_

***Previous Employer Information (2)***

Current Employer Name: \_\_\_\_\_

Your Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Salary: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Date Employed From: (mm/dd/yy): \_\_\_\_\_ To: (mm/dd/yy): \_\_\_\_\_

**Skills Profile**

Are you presently working?

Yes

No

Why are you looking for work?

\_\_\_\_\_  
\_\_\_\_\_

Do you have spray experience?

Yes

No

Rate your spray skill level (1= almost none, 10= Expert)

1 2 3 4 5 6 7 8 9 10

Do you have powerwashing experience?

Yes

No

Rate your powerwashing skills.

1 2 3 4 5 6 7 8 9 10

Can you tape and spackle?

Yes

No

Rate your tape and spackle skills.

1 2 3 4 5 6 7 8 9 10

Have you worked with a power sander?

Yes

No

Do you have decorative or faux painting skills?

Yes

No

Rate your decorative or faux painting skills.

1 2 3 4 5 6 7 8 9 10

Have you managed other people?

Yes

No

Rate your management skills.

1 2 3 4 5 6 7 8 9 10

Would you like to manage other people?

Yes

No

What do you like most about the painting field? \_\_\_\_\_

\_\_\_\_\_

What are your major strengths as a painter? \_\_\_\_\_

\_\_\_\_\_

What is your least favorite painting task? \_\_\_\_\_  
\_\_\_\_\_

What do you like to do when not working? \_\_\_\_\_  
\_\_\_\_\_

How long does it take you to paint a 6 over 6 window? \_\_\_\_\_  
\_\_\_\_\_

How long does it take you to paint a 12 over 12 window? \_\_\_\_\_  
\_\_\_\_\_

How long does it take you to paint a 6 panel door? \_\_\_\_\_  
\_\_\_\_\_

How many square feet of siding can you paint in an hour? \_\_\_\_\_  
\_\_\_\_\_

What would you like to learn more about painting? \_\_\_\_\_  
\_\_\_\_\_

What do you see yourself doing in three years? \_\_\_\_\_  
\_\_\_\_\_

Do you have your own transportation?

- Yes
- No

Do you have your own tools?

Yes

No

What can you contribute to Southern Exposure Painting, Inc.? \_\_\_\_\_

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### **How to Contact Us**

Email:

[info@southernexposurepaintinginc.com](mailto:info@southernexposurepaintinginc.com)

Phone:

(610) 933-9156

Address:

25 Clivedon Lane

Phoenixville, PA 19460