

Tracy's Quality Painting, Inc. office: (253) 858-8242 fax: (253) 858-8244 3008 14th Ave. N.W. Gig Harbor, WA. 98335

Employment Application

Applicant Information									
Full Name:			Date:						
Last Address:	Firs	st	M.I.	M.I.					
Street Address			Apartment/Unit #						
City			State ZIP Code						
Phone: () E-			nail Address:						
Date Available: Social Sec	urity No.	:	Desired Salary: \$						
Position Applied for:	YES	NO	YES NO						
Are you a citizen of the United States?	YES	NO	If no, are you authorized to work in the U.S.?						
Have you ever worked for this company?	YES	NO NO	If so, when?						
Have you ever been convicted of a felony?									
If yes, explain:									
Education									
High School:	А	ddress	:						
From: To: Did		luate?	YES NO Degree:						
Skills									
If asked can you:									
HVLP Spray.	YES	NO	Preparation (masking, caulking, etc.).						
	YES	NO [YES NO	1					
Electrostatic Spray.	YES	NO NO	YES NO	1					
Airless Spray	YES	NO NO	Paint overhead for several hours. YES NO Page synapsed to adjuste a weather conditions	1					
Brush and Roll.	YES NO YES NO		Be exposed to adverse weather conditions. YES NO	1					
Millwork Finishing.			YES NO	NO NO					
High work/Industrial.			Lift 50 lbs. repeatedly.						
Other Skills:									
-									
References									
Please list two professional references.									
Full Name:			Relationship:						
Company:			Phone: ()						
Address:									
Full Name:			Relationship:						

Company:	F	Phone:	_()							
Address:										
Previous Employ	ment									
Company:	_ Phone:)							
Address:	Sup	ervisor:								
Job Title: Starting Salary: \$			Ending Salary:	\$						
Responsibilities:										
From: To: Reason for Leaving:	NO									
May we contact your previous supervisor for a reference?	NO									
Company:	Phone:	_()							
Address:	Sup	ervisor:								
Job Title: Starting Salary:			Ending Salary:	\$						
Responsibilities:										
From: To: Reason for Leaving:	NO									
May we contact your previous supervisor for a reference?	NO									
Company:	Phone:	_()							
Address:	Sup	ervisor:		_						
Job Title: Starting Salary: \$			Ending Salary:	\$						
Responsibilities:										
From: To: Reason for Leaving:										
May we contact your previous supervisor for a reference?	NO									
Military Service	e									
Branch:	Fro	om:	To: _							
Rank at Discharge: Type o										
If other than honorable, explain:										
Disclaimer and Sig	nature									
I certify that my answers are true and complete to the best of my kr										
If this application leads to employment, I understand that false or m may result in my release. I authorize the employer to investigate at applying for employment with the employer. I understand and agree be terminated with or without notice at any time at my option or at the written agreement expressly to the contrary signed by me and the leat will policy. Qualified applicants receive consideration for employr status, race, color, national origin, age or disability.	nisleading in nd verify an he that if hir he option o President o	ny of the red, my of the Co of the co	e information I ha employment will ompany. I under ompany can vary	ve submitted in be at-will and may stand that only a this employment						
Signature:			Date [.]							