

Please Print form, complete form, and fax completed form to 888.203.2115.

AHG PROFESSIONAL PAINTING, LLC

Employment Application



APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available		Desired Salary	
Position Applied for			
Have you ever been a foreman in charge of job production?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, what type of work?
Do you have a valid driver's license?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, do you have a dependable vehicle ?
Have you ever been convicted of a felony?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please explain...
What tools do you have?			
Check the types of work you have experience in:			
Exterior _____ How long? _____		Interior _____ How long? _____	
Drywall Install/Repair _____ How long? _____		Airless spraying _____ How long? _____	
Staining _____ How long? _____		Texturing _____ How long? _____	
EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	D e
University		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	D e
REFERENCES			
<i>Please list two professional references.</i>			
Full Name		Relat ionsh	
Company		Phone ()	
Address			
Full Name		Relat ionsh	
Company		Phone ()	
Address			

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PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date