GARCIA PAINT COMPANY APPLICATION FORM

| First: | Middle: | | | | | |
|--------------------------------|------------------|-----------|---------------------------|----------|----------------------|--|
| Last: | | | | | | |
| Date of Birth: | | | | | | |
| Address: | | | | | | |
| City: | State: | Zip | | 34 | | |
| Home Phone: | Cell Ph | one: | | | | |
| Email: | | | | | 14/2 | |
| Social Security (ITIN): | | | | | | |
| Previous Employer and Position | on: | | | | | |
| | | | | | | |
| Skills: | | | | | CON | |
| Position for which you're appl | ying (circle): | | | | "Inc. | |
| Lead Painter (License Required | l) Painter | 5)1 | Power \ | Washer | Carpenter | |
| Other: | Level o | f Experie | nce (cir | cle): 1 | 1 2 3 4 5+ | |
| *Lead Painter/Carpenter must | have 5 or more y | ears of e | xperien | ce and a | valid Driver license | |
| LICENSE NUMBER: | | 2 | | | | |
| | DAYS AVAILA | ABLE TO V | NORK (| circle): | | |
| IOM | N TUE WED | THU | FRI | SAT | SUN | |
| | Full-time | Part- | time (O | n-Call) | | |
| HOLIDAYS (circle): Yes / No | | | NIGHTS (Circle): YES / NO | | | |
| In case of an Emergency Conta | act | | | | | |
| NAME: | | PHONE: | | | | |
| | | | | | | |
| APPLICANTS SIGNITUR | | | | | | |