



PERSONAL INFORMATION

DATE OF APPLICATION: _____

Name:

Last First Middle

Birthdate:

Address:

Street (Apt) City State Zip

Contact Information: () ()

Home Telephone Mobile

Social Sec. #: _____

Emergency Contact Name: _____

Phone Number: _____

Position Sought: _____

Local#: _____

Available Start Date: _____

Desired Pay Range: _____

By Hour or Salary

Are you currently employed? _____

DL #: _____

Do You Have Transportation? _____

First Aid Card? _____

Expiration date: _____

Availability: Overtime _____

Off Hours _____

Out of Town _____

EDUCATION

	Name and Location	Graduate? – Degree?	Major / Subjects of Study
High School			
College or University			
Trade School, etc...			
Hobbies/ Interest			

PREVIOUS EXPERIENCE

*Please list beginning from most recent

Dates Employed From: To:	Company Name	Supervisor	Phone number
Starting Wage: \$	Ending Wage: \$	Reason for leaving	
Dates Employed From: To:	Company Name	Supervisor	Phone number
Starting Wage: \$	Ending Wage: \$	Reason for leaving	
Dates Employed From: To:	Company Name	Supervisor	Phone number
Starting Wage: \$	Ending Wage: \$	Reason for leaving	

EMPLOYMENT WITH SIEGNER AND COMPANY IS CONDITIONAL UPON RECEIVING AN ACCEPTABLE BACKGROUND CHECK.EMPLOYMENT WILL BE TERMINATED IMMEDIATELY UPON UNACCEPTABLE BACKGROUND CHECK RESULTS.

FALSE INFORMATION SUPPLIED ON THIS APPLICATION, DISREGARD FOR O.S.H.A REGULATIONS, OR VIOLATIONS OF SIEGNER AND COMPANY'S POLICIES ARE CAUSE FOR DISQUALIFICATION FROM HIRING CONSIDERATION, OR GROUNDS FOR TERMINATION AFTER DATE OF HIRE.

REFERENCES

*Give names of three (3) persons not related to you whom you have known for at least one (1) year

NAME	ADDRESS	PHONE	BUSINESS

HEALTH AND PHYSICAL CONDITION

*To your knowledge, do you suffer from any of the following

Epoxy Poisoning	Yes	No
Respiratory Problems	Yes	No
Hernia or rupture	Yes	No
Epilepsy	Yes	No
Diabetes	Yes	No
Defective hearing	Yes	No
Dizziness	Yes	No
Back Injury	Yes	No
Rheumatism, Arthritis	Yes	No
Heart trouble	Yes	No

OTHER: _____
(Please Describe)

ARE YOU ABLE TO REPEATEDLY / CONTINUALLY LIFT 50+ LBS.? YES _____ NO _____

LIST ANY PHYSICAL CONDITION, ILLNESS, OR HANDICAPS THAT YOU HAVE HAD THAT COULD AFFECT YOUR WORK ABILITIES:

PAINTING EXPERIENCE -

*Please check all that are applicable

INTERIOR	CONV. SPRAY	VINYL HANGING	SCAFFOLD	LAQUER
EXTERIOR	BRUSH	FLEX WOOD	MAN LIFT	SCUFFMASTER
APARTMENTS	ROLL	STRIPPING	POWERWASH	ELASTOMERIC
TRACT WORK	GRAPHICS	WOOD FINISH	RESIDENTIAL	AUTOMOTIVE
INDUSTRIAL	SANDBLAST	COLOR MATCH	TAPING/DRYWALL	CREW SUPERVISION
COMMERCIAL	STEAM CLEANING	SWINGSTAGE	EPOXY	PRINTS/SPECS
MAINTENANCE	STEEL	BOSUN CHAIR	VINYL	ELECTROSTATIC
AIRLESS	WALL PAPER	SCISSOR LIFT	URETHANE	SHEETROCK

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SIGNATURE: _____ DATE: _____