



## FORMER EMPLOYEMENT

Date Month/Year	Name, Address, & Phone Number of Employer	Position	Reason for Leaving
From:			
To:			
From:			
To:			
From:			
To:			

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### GENERAL INFORMATION

Subjects of special study (language, machine operation, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Activities (civic, athletic, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

U.S. Military or Naval Service: \_\_\_\_\_  
 Rank: \_\_\_\_\_ Present membership in national guard or reserves: \_\_\_\_\_

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing the same to you.

I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without prior notice and without cause, regardless of the date of payment of my wages and salary.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Listed below are trade areas that you may specialize in, or equipment that you may be trained to use. Please check any item that would apply to your work skills:

1 Have you been trained to operate a boom? YES NO

If so, where were you trained \_\_\_\_\_

2 Do you feel safe operating a boom or working in a boom? YES NO

3 Have you been trained to operate a scissor lift? YES NO

If so, where were you trained \_\_\_\_\_

4 Do you feel safe operating a scissor lift or working in a scissor lift? YES NO

5 At what heights are you trained or qualified to work? \_\_\_\_\_

6 Have you been trained for stage work? YES NO

If so, where were you trained \_\_\_\_\_

7 Have you completed an OSHA 10 Hour Class? YES NO

If so, where did you complete this class \_\_\_\_\_

8 Have you completed an OSHA 30 Hour Class? YES NO

If so, where did you complete this class \_\_\_\_\_

9 Have you had competent person training? YES NO

If so, where did you complete this class \_\_\_\_\_

10 What spray equipment are you experienced with: AIRLESS HVLP CONVENTIONAL ELECTROSTATIC

11 Are you CPR Trained? YES NO

12 Have you completed a First Aid training course? YES NO