

**QC Commercial, LLC**

Social Security No.:

**Employment Application**

Driver's License No.:

<b>Name:</b>	<b>Phone Number:</b>	<b>Years Experience:</b>	<b>Date:</b>
<b>Address:</b>	<b>Transportation:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>18 Years or Older:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you work well independently, without supervision?

Can you, and are you willing to supervise others?

Can you use an airless sprayer?

How many paint companies have you worked for in the past 12 months?

<b>Type of Experience:</b> Residential / Commercial	<b>Currently Employed:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
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May we contact your previous employer?

**Previous Employers**

<b>Name of Company:</b>	<b>Phone Number:</b>	<b>Time spent with company:</b>	<b>Rate of Pay:</b> \$ _____ / Hr
<b>Name of Company:</b>	<b>Phone Number:</b>	<b>Time spent with company:</b>	<b>Rate of Pay:</b> \$ _____ / Hr

- Office Use Only -

Initial Contact: Phone  VM  Followed Up 

Initial Contact Date:

Comments:

Starting Rate of Pay:

Hire Date:

Employee Signature:

Date: