



Commercial & Industrial Painting Contractors

7324 – 36th Avenue North
Minneapolis, MN 55427
(763) 535-4041

Dear Applicant:

We welcome you as an applicant for employment. Your applications will be considered with others. It is our policy to provide equal opportunity in employment. This policy prohibits discrimination on the basis of race, color, religion, national origin, political affiliation, disability, public assistance, marital status, sex, age (18 or older), or criminal convictions which are not related to this position you are applying for in all aspects of our Personnel Policies, programs, practices, and operations. This policy applies to full-time, part-time, temporary, and seasonal employment.

You may refuse to supply data requested by this form, however, such refusal may eliminate you from consideration for the employment position you are seeking with his application.

You are encouraged to attach any additional information which you believe qualifies you for the position, including a resume.

Please print using ink.

GENERAL INFORMATION

Date _____

Name _____
(Last) (First) (Middle)

Address _____
(Street) (Apt. number)

(City) (State) (Zip)

Home number (____) _____ - _____ Cell phone number (____) _____ - _____

Email address _____

Position(s) applying for: _____

On what date will you be available for work? ____ / ____ / ____

Availability: *(circle all that apply)* FULL-TIME | PART-TIME | SHIFTS | OVERNIGHT

Are you at least 18 years of age? *(circle one)* YES NO

Apprentice *(circle one)* YES NO

Union Affiliation _____ Date of joining ____ / ____ / ____

Were you previously employed by us? *(circle one)* YES NO

If yes, when? From ____ / ____ / ____ To ____ / ____ / ____

List any current licenses, registrations, or certifications that are job related. Include license number, class, and state of issue.

Are you able to obtain/provide a valid driver's license? *(circle one)* Yes No

EDUCATION

Name and location of school	Course of study	Years completed	Graduate?
<hr/> <i>High school</i>			
<hr/> <i>College</i>			
<hr/> <i>Other</i>			

EMPLOYMENT HISTORY – *List in sequential order with present employer first*

Name, address, & phone number of employer	Dates worked	Supervisor	Reason for leaving
1	From: To:		
2	From: To:		
3	From: To:		

May we contact your former employers? *(circle one)* YES NO
If no, indicate which employer: _____

References: If desired, list 3 persons (not related to you) that we may contact for references

Name	Contact information

OTHER APPLICATION QUESTIONS

Are you physically capable of performing the essential functions of the job for which you are applying, with or without reasonable accommodation? YES NO

Can you travel if the job requires it? (circle one) YES NO

What types and makes/models of construction equipment can you operate or repair? _____

Please list all Union Affiliations and the dates that you joined: _____

How did you hear about this position? Website | BirdDog Jobs | Internet | Friend | Relative | Advertisement | Employment agency | Walk-in | Other _____

Are you a member of the Armed Forces? YES NO Branch: _____

What was your military rank when discharged? _____

How many years did you serve in the military? _____

List any other skills or qualifications you possess for the position you are applying for:

Voluntary Applicant Survey Form

An Equal Opportunity, Affirmative Action Employer

Last name	First name	Middle initial(s)
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Date	Position(s) for which you are applying
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Please read carefully (voluntary disclosure): As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report these results to government agencies. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment. The information you provide is **completely voluntary** and will only be used to monitor our compliance with equal opportunity laws and regulations. * *When* we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us separately.

Race/Ethnicity – Select one or more

- American Indian or Alaskan Native: A person having origins in any of the original peoples of North, South or Central Americas, and who maintains tribal affiliation or community attachment.
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia or Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black or African American: A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South, Central American or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Do not wish to answer

Disability – Are you a person with a disability?

- Yes
- No
- Do not wish to answer

Sex/Gender – Select one

- Woman
- Man
- Non-Binary/Transgender/Gender Non-Conforming
- Do not wish to answer