



PRODIGY PAINTING SERVICES

Please fill out this application using Adobe Reader. Once complete, hit the blue "Send Application Now" button. You will then have the option of sending a message via webmail or your email program and your application will be attached to the message. Alternatively, you can print the form and fill it out in pen, scan both pages and email your completed application to matt@prodigypaintingservices.com.

JOB APPLICATION

Last Name	First Name	Middle Initial	Social Security Number
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Street Address	City/State	Zip Code	Phone Number	Email
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If hired, can you provide evidence of legal eligibility to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.
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Position Desired:	Wage/Salary Desired:	Full Time?	Part Time?
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Date you can begin work?	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law.
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Name of high school attended:	City/State	Graduate?	GED?
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Name of college or technical school:	City/State	Degree?	Major:
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Are you presently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name & address of school and expected degree date:
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List any job-related skills or accomplishments, including military service:

YOUR AVAILABILITY FOR WORK

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Total hours per week you are available to work:	Do you have any special requests or needs for a work schedule?
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REFERENCES

Provide Three References Who Are Not Former Employers Who We May Contact

Name and Occupation	How do you know them, and for how long?	Phone Number

YOUR EMPLOYMENT HISTORY

(List names of employers with present or last employer listed first.)

May we contact current employers before you are offered a position? Yes No

Name of Employer:	Job Title:	Dates of Employment: From: To:	
Address:	City, State, Zip Code	Duties:	
Supervisor:	Telephone:	Reason for Leaving:	Starting pay: Ending pay:

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