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NIAME.		

## SUPPLEMENT TO THE APPLICATION FOR PAINTER

SUIT LEWIENT TO THE ATTLICATION FOR FAINT	LK
Please use this supplement for each painting experience you would like us to con employer or change in position (with the same employer) separately. All employ on your application. Be sure to provide complete information. You may duplica supplements as necessary.	vers should also be listed
• <b>EXPERIENCE REQUIREMENT:</b> This position requires four years of wo preparing various surfaces and applying coats of paint and other coatings be land other means. Do you possess such experience?   Yes  No If following for each employer or change in position.  Treat each employer or caseparately.	orush, roller, spray guns "yes," provide the
Employer (1):	
Dates of Employment	orked
(From/To, Month/Year): Per Week:	orked
Name & Job Title of:	
Your Supervisor:	
Your Skill Level	
Your Skill Level	Supervisor
If "Journey," give date (month, year) you became a Journeyman:	— Supervisor
If "Supervisor," give date (month, year) you became a Supervisor:	
Detailed description of your duties:	
Detailed description of your duties.	
If you were a supervisor, give the number and job title of the positions you super construction trainee, two journey painters, etc.:	
Please check ( ) those duties which you performed on a regular basis: Planning/scheduling the work of other painters Assigning and reviewing their work, including responsibility for satisfactor timeliness Hiring, firing, and disciplinary actions Employee training and development Other duties (describe):	
Number of hours spent per week in such supervisory duties: hour	rs/week.
nous of hours spent per week in such supervisory duties.	is, week.

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Employer (2):	Job Title:		
Dates of Employment	No. Hours Worked		
(From/To, Month/Year):	Per Week:		
Name & Job Title of			
Your Supervisor:			
Your Skill Level			
in This Position:			
If "Journey," give date (month, year) you became a J			
If "Supervisor," give date (month, year) you became	a Supervisor:		
Detailed description of your duties.			
Detailed description of your duties:			
If you were a supervisor, give the number and job tit	1 .		
construction trainee, two journey painters, etc.:			
Please check ( ) those duties which you performed o	n a ragular basis:		
Planning/scheduling the work of other painters	ili a legulai basis.		
Assigning and reviewing their work, including	roonancihility far caticf	actomy completion and	
	responsibility for satisfa	actory completion and	
timeliness			
Hiring, firing, and disciplinary actions			
Employee training and development			
Other duties (describe):			
_			
Number of hours spent per week in such supervisory	duties:	hours/week.	
Employer (3):	Ioh Title:		
Dates of Employment	No Hours Work	zed	
(From/To, Month/Year):			
Name & Job Title of			
Your Supervisor:			
Your Skill Level			
in This Position: Apprentice/Trainee	□ Journey	□ Supervisor	
If "Journey," give date (month, year) you became a J			
If "Supervisor," give date (month, year) you became a s			
2. 2. por 1801, gree date (month, your) you became	- 2 aper 1 1001 1		
Detailed description of your duties:			

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Please check ( ) those duties which you performed Planning/scheduling the work of other paint Assigning and reviewing their work, included timeliness Hiring, firing, and disciplinary actions Employee training and development Other duties (describe):	ters ling responsibility for satisfactory completion and
Number of hours spent per week in such supervis	sory duties:hours/week.
Dates of Employment	Job Title:No. Hours WorkedPer Week:
	□ Journey □ Supervisor e a Journeyman: mme a Supervisor:
If you were a supervisor, give the number and jol construction trainee, two journey painters, etc.:	
timeliness Hiring, firing, and disciplinary actions  Employee training and development	

## • □ **TRAINING:** Have you completed formal coursework or training in this field? □ Yes □ No If "yes," please attach a copy of your certificate or diploma. I certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever discovered, is grounds for the denial of or immediate separation from employment.

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

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