



# APPLICATION

Department \_\_\_\_\_ State \_\_\_\_\_

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status. As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply. Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation. This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. YOUR COOPERATION IS VOLUNTARY.

(PLEASE PRINT) SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Application Date \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
FIRST MIDDLE LAST AREA CODE

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Position(s) Applied For \_\_\_\_\_ Union Journey Worker \_\_\_\_\_ Union Apprentice \_\_\_\_\_  
(Union Apprenticeship Completed)

Referral Source:  Advertisement  Friend  Relative  Walk-in  Union  Other  
 Employment Security  Other Employment Agency \_\_\_\_\_  
Please Specify

### Voluntary Survey

Government agencies at times require periodic reports on the sex, ethnicity, disabled, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. SUBMISSION OF INFORMATION IS VOLUNTARY.

Check One:  Female  Male

Race:  Asian  Pacific Islander  Black  Hispanic  American Indian/Alaskan Native  White  Two or more races

Caucasian: (Not of Hispanic Origin) - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black: (Not of Hispanic Origin) - All persons having origins in any of the Black racial groups of Africa.

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This area includes, for example, China, India, Japan, Korea, the Philippine Islands.

Pacific Islander: All persons having origins in any of the original peoples of the Pacific Islands. This area includes, for example, Samoa.

American Indian/Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Handicap/Disability: Do you have a handicap/disability which may affect your ability to perform your job?  Yes  No  
 If yes, please identify any accommodations we may make which would better enable you to perform your job: \_\_\_\_\_

Armed Forces Service Medal Veteran: Did you serve on active duty in any of the armed forces of the United States for which an Armed Forces service medal was awarded?  Yes  No

Other Veteran: Have you served in a "war", campaign or on an expedition for which a campaign badge has been awarded?  
 Yes  No If Yes, Please advise which "war", campaign, or expedition \_\_\_\_\_

Disabled Veteran: Are you entitled to disability compensation under laws administered by the Veteran's Administration, or a person whose discharge or release from active military duty was for a disability incurred or aggravated in the line of duty?  
 Yes  No

Recently Separated Veteran: Were you discharged or released from active duty during the last 3 years?  Yes  No



APPLICATION

Qualified applicants receive consideration for employment without discrimination because of sex, marital status, sexual preference, race, color, creed, national origin, age, or the presence of a non-job-related handicap.

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. False statements on this application form shall be considered sufficient cause for termination.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SEC.# \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_ No. Street City State Zip

TELEPHONE: ( ) \_\_\_\_\_

POSITION / TYPE OF EMPLOYMENT DESIRED: \_\_\_\_\_

Are you a member of a Union? \*\* Yes No If yes, what Trade? \_\_\_\_\_ Local# \_\_\_\_\_

Have you worked for us before? Yes No If yes, when? \_\_\_\_\_

Have you applied for work with us before? Yes No If yes, when? \_\_\_\_\_

Why did you apply at this company? \_\_\_\_\_

Employee Referral? (Name of Employee) \_\_\_\_\_

Name of relatives employed by this company: \_\_\_\_\_

Are you willing to work out of State? \_\_\_\_\_

EDUCATIONAL BACKGROUND: (Circle last year attended) Major High School: \_\_\_\_\_ 1 2 3 4 Graduated? \_\_\_\_\_ College: \_\_\_\_\_ 1 2 3 4 Graduated? \_\_\_\_\_ Other Training: \_\_\_\_\_ (Include Apprenticeship)

Are you willing to do: High work? Yes No Swingstage? Yes No Confined Space? Yes No

Do you have a current first aid card? Yes No CPR card? Yes No If yes to either, please provide. Reliable transportation? Yes No

Have you worked for a Department of Transportation (DOT) regulated company within the past two years? Yes No

APPLICANT DO NOT WRITE INSIDE THIS BOX. Interviewer's Comments: Starting Date: \_\_\_\_\_ Pay Rate Assigned \_\_\_\_\_ Supt. Sig. \_\_\_\_\_



# APPLICATION

Professional Background:      Foreman     Journeyman     Apprentice, Bracket # \_\_\_\_\_

Check areas in which you have had experience:

- Residential & Light Commercial \_\_\_\_\_ Years Experience     Industrial \_\_\_\_\_ Years Experience
- Commercial \_\_\_\_\_ Years Experience     Marine/Ships \_\_\_\_\_ Years Experience
- Lead Man \_\_\_\_\_ Years Experience     Foreman \_\_\_\_\_ Years Experience
- Own Business \_\_\_\_\_ Years Experience     Superintendent \_\_\_\_\_ Years Experience
- Forklift \_\_\_\_\_ Years Experience / Current Certification?     Yes     No

Check areas in which you are skilled:

- Framing-Metal \_\_\_\_\_ Years Experience     Roller \_\_\_\_\_ Years Experience
- Spray, type \_\_\_\_\_ Years Experience
- Plaster \_\_\_\_\_ Years Experience     Paper Hanging \_\_\_\_\_ Years Experience
- Painting \_\_\_\_\_ Years Experience     Estimating \_\_\_\_\_ Years Experience
- Dryvit/EIFS Application \_\_\_\_\_ Years Experience     Fireproofing \_\_\_\_\_ Years Experience
- Hand Taping \_\_\_\_\_ Years Experience     Machine Taping \_\_\_\_\_ Years Experience
- Scaffolding \_\_\_\_\_ Years Experience     Rigging \_\_\_\_\_ Years Experience
- Drywall Hanging \_\_\_\_\_ Years Experience
- Special Coatings \_\_\_\_\_ Years Experience, Types \_\_\_\_\_

Other \_\_\_\_\_, \_\_\_\_\_ Years Experience  
 \_\_\_\_\_, \_\_\_\_\_ Years Experience

Describe other related skills \_\_\_\_\_

Do you smoke? \_\_\_\_\_

Do you have reliable transportation? \_\_\_\_\_

Do you have any physical, mental or sensory limitations, or disabilities, to assist us in placement? \_\_\_\_\_

If yes, describe \_\_\_\_\_

While Zelinsky Painting & Drywall Co. provides protective equipment for you, the field of painting can expose to you thinners, solvents, epoxies, and other toxic vapors and dusts. Do you have a current medical condition that we need to be made aware of and thereby accommodate to reduce your exposure to hazardous chemicals? \_\_\_\_\_

If yes, describe \_\_\_\_\_

Do you have any activities, commitments or responsibilities, which may prevent you from meeting work attendance requirements? \_\_\_\_\_ If yes, describe \_\_\_\_\_

\_\_\_\_\_



# APPLICATION

## PREVIOUS EMPLOYERS

(Please List Your Most Recent Employer First)

	<u>Job Title</u>	<u>From</u>	/	<u>To</u>
1. Name _____	_____	_____	/	_____
Address _____ _____	Hourly Rate/Salary \$ _____	per _____		
Phone Number _____	Reason for Leaving _____			
	Name of Supervisor _____			

	<u>Job Title</u>	<u>From</u>	/	<u>To</u>
2. Name _____	_____	_____	/	_____
Address _____ _____	Hourly Rate/Salary \$ _____	per _____		
Phone Number _____	Reason for Leaving _____			
	Name of Supervisor _____			

	<u>Job Title</u>	<u>From</u>	/	<u>To</u>
3. Name _____	_____	_____	/	_____
Address _____ _____	Hourly Rate/Salary \$ _____	per _____		
Phone Number _____	Reason for Leaving _____			
	Name of Supervisor _____			

## **PERSONAL REFERENCES:** (Not Relatives)

	Phone Number
1. _____	_____
2. _____	_____

Have you been convicted of a felony within the last 7 years? \_\_\_\_\_ If yes, describe in full \_\_\_\_\_

(A conviction will not necessarily bar you from employment.)

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by a company to which you applied for in the past 2 years?  Yes  No

Have you worked on Military facilities? (i.e. Schofield, Us Coast Guard)  Yes  No



# APPLICATION

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY:

**Applicant agrees to the following conditions of employment:**

1. A pre-placement health evaluation, if required, including laboratory testing for drug or alcohol use prior to employment.
2. Submitting proof of citizenship or immigration status upon employment.
3. Completing and executing surety bond application, if required.
4. Meeting attendance and performance requirements.
5. Conforming to the policies and procedures of the company rules, regulations and instructions.
6. Testing for illicit substances as per the policy statement published by the Company.
7. Applicant understands that employment is based on specific project needs and may be terminated or require layoff as the project work force needs dictate.
8. Applicant understands that any employee who personally or as a result of instructions to his/her subordinate(s) pollutes or causes the possibility of injury or damage to the environment, persons or property, in complete disregard of common sense and/or applicable company, local, state and/or federal laws or regulations, shall be subject to immediate dismissal.

I certify that the all facts and statements in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omission of fact either on this application or during the pre-employment process will result in my application being rejected, or, if I am hired, in my employment being terminated.

I understand that in accepting this application, the company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. **I hereby understand & acknowledge that, unless otherwise defined by applicable law, any employment relationship with Zelinsky Painting Co. is of an "at will" nature, which means that you may resign at any time and Zelinsky Painting Co. may discharge you at any time with or without cause.** It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the board of directors.

I have been advised that The Zelinsky Company may request an investigative consumer report to be prepared on all information contained herein. I hereby give consent for a consumer report for employment purposes. I hereby authorize, without reservation, any law enforcement agency, administrator, state agency, state repository, former employer, corporation, credit agency, educational institution, city, state, federal court, military institution, information service bureau, or employer contacted by The Zelinsky Co. to furnish any and all information. I do understand the investigation will include information from law enforcement agencies, state agencies and public records information, such as credit, social security, criminal, and motor vehicle. This report will include information as to my character, work habits, performance and experience, along with the reasons for termination or past employment from previous employers. My signature below releases any aforesaid parties from any liability and responsibility for collecting the above information at any time.

If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Signature of Applicant: \_\_\_\_\_

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

**DISCLOSURE AND CONSENT FOR PROCUREMENT OF A CONSUMER AND INVESTIGATIVE  
CONSUMER REPORT AND RELEASE AUTHORIZATION**

- I. I understand that in connection with my application for employment with **Zelinsky Company** an investigative consumer report will be requested. This investigative consumer report will contain information as to my character, general reputation, personal characteristics or mode of living. This investigative consumer report will include, but is not limited to, a criminal background history. It may also include but is not necessarily limited to, verification of current and previous employment, verification of educational credentials, professional reference verification, credit report, and motor vehicle report. The investigative consumer report will be requested from the following Consumer Reporting Agency: Wood & Tait, LLC, PO Box 6180, Kamuela, HI 96743-6180' 808-885-5090 .
- II. I understand that according to the Fair Credit Reporting Act, prior to taking an adverse action based, in whole or in part, on the information contained in the consumer report, a copy of the consumer report as well as a written summary of my rights under the Fair Credit Reporting Act will be provided to me. Upon written request, within a reasonable period of time after my receipt of this disclosure, a complete and accurate disclosure of the nature and scope this investigative consumer report, which may involve personal interviews with sources such as neighbors, friends and associates, will be made to me. This disclosure shall be made in writing no later than five days after the date on which the request for such disclosure was received or such report was first requested, whichever is later.
- III. The information requested will be used in compliance with the Fair Credit Reporting Act, the Federal Americans with Disabilities Act (ADA) and/or any other applicable federal or state laws. Furthermore; I understand that if I am denied employment because of information contained in whole or in part, in my consumer report I have the right to be notified and given the name and address of the agency or source that provided the information.
- IV. I hereby authorize, without any reservation, any law enforcement agency, school, employer, reference, information service bureau, institution, or insurance company contacted by Inquest, Inc. or its agents, to furnish the information described in Section I.
- V. I understand that a FAX or photographic copy of this release shall be valid as the original.
- VI. I have read and understand this Disclosure and Consent form. By my signature below, I consent to the release of a consumer and/or investigative consumer report, as defined above, in conjunction with my application for employment.
- VII. I understand that my consent will apply throughout my employment, to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter or statement to the company at any time.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPLETE RESIDENCE ADDRESS: \_\_\_\_\_  
Street number / PO Box Street Name

\_\_\_\_\_  
City State Zip / Postal Code Country

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE OF ISSUANCE: \_\_\_\_\_

## Employee Check List

### Check off Tools you own

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Steel Toed Shoes                    | <input type="checkbox"/> Gloves                    | <input type="checkbox"/> Hard Hat                     |
| <input type="checkbox"/> Safety Glasses                      | <input type="checkbox"/> Ear Plugs                 | <input type="checkbox"/> Tool Pouch                   |
| <input type="checkbox"/> Respirator/Dust Mask                | <input type="checkbox"/> Small L Square            | <input type="checkbox"/> Speed Square                 |
| <input type="checkbox"/> Framing L Square                    | <input type="checkbox"/> Hammer                    | <input type="checkbox"/> 4' T Square                  |
| <input type="checkbox"/> Philips Screw Driver                | <input type="checkbox"/> Flat Head Screwdriver     | <input type="checkbox"/> Nail Set Punch               |
| <input type="checkbox"/> Crescent Wrenches                   | <input type="checkbox"/> Linesman Pliers           | <input type="checkbox"/> 4' Level                     |
| <input type="checkbox"/> 6' Level Compass or Scribbling tool | <input type="checkbox"/> Torpedo Level             | <input type="checkbox"/> Utility Knife                |
| <input type="checkbox"/> Markers                             | <input type="checkbox"/> Drywall Shurform Rasp     | <input type="checkbox"/> Pencils                      |
| <input type="checkbox"/> Wood Ruler                          | <input type="checkbox"/> Tape Measure 20'-24'      | <input type="checkbox"/> Chalk Board                  |
| <input type="checkbox"/> Screw Gun                           | <input type="checkbox"/> 100' Tape                 | <input type="checkbox"/> Floor Lift                   |
| <input type="checkbox"/> Tin Snips                           | <input type="checkbox"/> Router-Drywall            | <input type="checkbox"/> Drill Motor                  |
| <input type="checkbox"/> Hilti Gun or Equal                  | <input type="checkbox"/> Extension Cord            | <input type="checkbox"/> Plumb-Bob                    |
| <input type="checkbox"/> C Clamp-Small                       | <input type="checkbox"/> Sheetrock Saw             | <input type="checkbox"/> Keyhole Saw                  |
| <input type="checkbox"/> Whitney Punch                       | <input type="checkbox"/> Pop Rivet Gun             | <input type="checkbox"/> Circle Cutter                |
| <input type="checkbox"/> Mixing Paddle                       | <input type="checkbox"/> Sanding Pole              | <input type="checkbox"/> Taping Pan                   |
| <input type="checkbox"/> Bazooka                             | <input type="checkbox"/> 6' Box                    | <input type="checkbox"/> Banjo                        |
| <input type="checkbox"/> 12' Box                             | <input type="checkbox"/> Allen Wrenches            | <input type="checkbox"/> 10' Box                      |
| <input type="checkbox"/> Dikes                               | <input type="checkbox"/> Hammer Drill              | <input type="checkbox"/> Power Saw(i.e.<br>Saw Laser) |
| <input type="checkbox"/> Tool Box                            | <input type="checkbox"/> Gang Box                  | <input type="checkbox"/> 6' Taping Knife              |
| <input type="checkbox"/> 10' Taping Knife or Blade           | <input type="checkbox"/> 12' Taping Knife or Blade | <input type="checkbox"/> Stilts                       |
| <input type="checkbox"/> Bead Clinching Tool                 | <input type="checkbox"/> C Clamp Large             |   |

### Check off ALL work you performed or experienced

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Demountable Walls          | <input type="checkbox"/> Wood Framing              | <input type="checkbox"/> Door Hanging           |
| <input type="checkbox"/> Drywall Hanging            | <input type="checkbox"/> Drywall Finishing         | <input type="checkbox"/> Acoustical Wall Panels |
| <input type="checkbox"/> Stucco or Plaster          | <input type="checkbox"/> Roofing                   | <input type="checkbox"/> Door Hardware          |
| <input type="checkbox"/> Installation of Wood/Metal | <input type="checkbox"/> Interior Finish Carpentry | <input type="checkbox"/> Scissor Lift Exp       |
| <input type="checkbox"/> Door Frames (Hollow Metal) | <input type="checkbox"/> Acoustical Ceilings       | <input type="checkbox"/> Reading Blue Prints    |
| <input type="checkbox"/> Specialty Ceilings         | <input type="checkbox"/> Heavy Equipment Exp       |   |
| <input type="checkbox"/> Boom Lift Experience       | <input type="checkbox"/> Concrete                  |   |
| <input type="checkbox"/> Hilti Certified            | <input type="checkbox"/> Metal Framing             |   |
| <input type="checkbox"/> Welding Certified          | <input type="checkbox"/> EIFS (Dryvit)             |   |

### What best describes the construction projects you have previously worked on? From 1-10 10 being the most experience.

- |   |   |
|---|---|
| <input type="checkbox"/> Residential        | <input type="checkbox"/> Schools          |
| <input type="checkbox"/> Stadiums           | <input type="checkbox"/> Refineries       |
| <input type="checkbox"/> High Rise Dwelling | <input type="checkbox"/> Event Centers    |
| <input type="checkbox"/> Shopping Centers   | <input type="checkbox"/> Office Buildings |
| <input type="checkbox"/> Hotels/Motels      | <input type="checkbox"/> Hospitals        |

### What would you consider yourself?

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Laborer        | <input type="checkbox"/> Drywall helper | <input type="checkbox"/> Dry wall Hanger   | <input type="checkbox"/> Framer          |
| <input type="checkbox"/> Framing Helper | <input type="checkbox"/> Mechanic       | <input type="checkbox"/> Finisher          | <input type="checkbox"/> Finisher Helper |
| <input type="checkbox"/> Door Hanger    | <input type="checkbox"/> Foreman        | <input type="checkbox"/> Assistant Foreman | <input type="checkbox"/> Superintendent  |

### Can you Operate the following?

- Laser    Transit    Water Level

### How many year of experience do you have in Construction?

- 1 year    2 Years    3-5 Years    5-10 Years    10 years Plus

### What Languages do you speak?

- English    Spanish   Other: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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



*Painting, Drywall, & Industrial*

91-310 Komohana Street Phone: (808) 682-1321 [www.zelinskyco.com](http://www.zelinskyco.com),  
Kapolei • Hawaii • 96707 Fax: (808) 682-1535 Contractor Lic. #C20440

Certified Woman Owned Business

## **EMERGENCY CONTACT INFORMATION**

Employee Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_