



Today's Date _____ Position _____

Contact Information

Name	
Street Address	
City, State	
Home Phone	
Cell Phone	
Email Address	
Date of Birth	
Years in Trade	
Social Security #	

How did you hear about this job? _____

Have you ever been convicted of a felony? ____no____yes (if yes, please describe),

Availability

What days are you available? (full-time or part-time) be specific:

Pay Scale Requirements (hourly wage)

Do you have reliable transportation and a valid driver's license? Yes or No _____

Special Skills or Qualifications

Equipment, tools, certifications, licenses, special skills etc.

Previous Experience and References

Summarize your previous experience specifically on vinyl siding installation jobs.

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Person to Notify in Case of Emergency

Name	
Street Address	
City State ZIP	
Home Phone	
Cell Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an employee, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Please email completed form with any additional documentation- *optional*- (resume or cover letter) to: vinylconcepstri@yahoo.com

Or mail to:

Vinyl Concepts Inc
PO Box 864
Coventry, RI 02816