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Employee Interview Sheet – Painter

PERSONAL INFORMATION Name: ______ Date: _____ Email: Cell Phone Number: How did you hear about this position? Are you a US citizen? [] Yes [] No Can you legally work in the US? [] Yes [] No Home Address: Do you have a drivers license? State and Expiration Date: _____ [] No Permission to run background check: [] Yes [] No Permission to run a drug test: [] Yes [] No Do you have a contractors license? License Number: ______ [] No Do you own a truck or commercial van you would be willing to use for this job? [] Yes [] No What days of the week are you typically available to paint: **PAINTING EXPERIENCE** How many years of experience do you have painting? Have you worked for a painting contractor before? Company Name [] No How much were you making at your last or current painting job: Have you done estimates before? Were they correct? Rate your experience from 1 (little experience) to 5 (very experienced) Interior painting: _____ Exterior painting: _____ Painting ceilings: _____ Painting Doors: _____ Painting Trim: _____ Painting window trim: _____ Staining/varnish: ______ Power/pressure washing: _____ Paint Sprayer: _____ Covering/protecting floors and walls: _____ Wallpaper Removal: _____ Washing wall surfaces: _____ Heavy cleaning using detergent and solvents: _____ Prepare for painting, scraping, patching, puttying, caulking, and filling cracks: Sanding gypsum drywall surfaces: ______ Repairing drywall: _____ Any other experience you would like to let us know about: _____