

APPLICATION FOR EMPLOYMENT



PERSONAL INFO

Name _____

Address _____

Phone # _____

Email _____

What days/hours of the week are you available to work? _____

How many hours per week are you seeking to work? _____

How soon would you be available to begin work? _____

EXPERIENCE

On the list below, please rate your skill level on each item 1-4. Please be HONEST, you don't need to know how to do everything. This list is only a sampling of the type of services On the Ball Handyman Services, Inc. provides.

1=never done before 2=done before but not that great at it 3=done before and do well

4=this is my expertise!

Painting

- paint by sprayer
- paint by roller/brush
- texture
- paint prep (patch holes,sand,tape)

Carpentry

- build/install cabinetry
- build/install fence
- install crown molding
- install baseboards
- build deck
- build custom shelves
- custom wainscoting

Minor Plumbing

- install faucet
- install /reset toilet
- install garbage disposal
- install waterline to fridge
- service swamp cooler
- sink install
- sprinkler repair/install
- change valves

Remodel

- drywall install
- mud/tape
- drywall repair
- framing
- install laminate wood flooring
- Tile work
- appliance install (please list below which appliances)

Minor Electrical

- install/wire ceiling fan
- install/wire light fixtures
- wire basements
- add new outlets
- install bathroom vent/fan

MISC

- caulking
- install bathroom vent
- hang interior/exterior doors
- install drop ceiling tiles

HANDYMAN SERVICES

In the section below please list any other skills/training or experience you have that would help you as a handyman for On the Ball Handyman Services, Inc.

REFERENCES

Personal references

Name _____ Phone number _____

Relationship to you _____

How long have they known you? - _____

Name _____ Phone number _____

Relationship to you _____

How long have they known you? _____

Employer references

1-Company/Employer's Name _____ Type of Business _____

Employed from _____ to _____ Position held _____

Supervisors Name _____ Phone # _____

2- Company/Employer's Name _____ Type of Business _____

Employed from _____ to _____ Position held _____

Supervisors Name _____ Phone # _____

I verify that the answers given by me to the questions asked in this application are true to the best of my knowledge and belief. I understand that any false information may result in rejection of my application or termination at any time during my employment.

Applicants signature _____

Date _____

