

Solid Drywall  
will@soliddrywall.com  
Phone (800) 796-0122  
Fax ( 916 ) 773-4834

# Solid Drywall Job Application

Application Date \_\_\_\_\_

## Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
City, State Zip \_\_\_\_\_

## Position Desired

\_\_\_\_\_ Date Available

**Have you applied here before?**

Yes \_\_\_\_\_  
 No If so, date and position applied for \_\_\_\_\_

**Employment type desired?**

Full-time  
 Part-time

**What prompted you to apply here?**

Advertisement  
 Referral  
 Agency  
 Other

**Can you, after employment, submit verification of your identity and legal right to work in the United States?**

Yes  
 No

**How Old Are You?**  
\_\_\_\_\_  
**What is your DOB**  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Can You read & write English**

Yes  
 No

**Medical exam necessary?**

Yes  
 No

## Skills

**Indicate any of the following skills**

Hanging  
 Tapeing  
 Spraying

Specific Skills \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Other Skills \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever been convicted of a felony? (Do not include convictions that have been sealed, expunged, or statutorily eradicated).**

Yes  
 No

**Education and Training**

School	Major	Date	Degree

Other Training, Honors, and Awards

---



---

**Experience**

	Most Recent Employer	Previous Employer	Previous Employer
Company	<hr/>	<hr/>	<hr/>
Address	<hr/>	<hr/>	<hr/>
Supervisor name	<hr/>	<hr/>	<hr/>
Supervisor phone	<hr/>	<hr/>	<hr/>
Your job title	<hr/>	<hr/>	<hr/>

	Job Description	Job Description	Job Description
	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
Dates Employed	<hr/>	<hr/>	<hr/>
Salary	<hr/>	<hr/>	<hr/>

**References**

Name	<hr/>	<hr/>
Relationship	<hr/>	<hr/>
Phone	<hr/>	<hr/>
Address	<hr/>	<hr/>

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date