

RESUME SHEET  
(THIS IS NOT AN APPLICATION)

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

ADDRESS: \_\_\_\_\_

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

HIGH SCHOOL GRADUATE or GED: YES \_\_\_ NO \_\_\_ DOB \_\_\_\_\_

TRANSPORTATION \_\_\_\_\_ DRIVERS LICENSE: YES \_\_\_ NO \_\_\_

NUMBER OF YEARS EXPERIENCE \_\_\_\_\_ CURRENT WAGE \_\_\_\_\_

CURRENT EMPLOYER \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE \_\_\_\_\_ WAGE \_\_\_\_\_

PREVIOUS EMPLOYERS:

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

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

WAGE \_\_\_\_\_ WAGE \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

WAGE \_\_\_\_\_ WAGE \_\_\_\_\_

**QUALIFICATIONS**

**PAINTER:**

- \_\_\_ (COMMERCIAL)
- \_\_\_ (RESIDENTIAL)
- \_\_\_ WALLCOVERING
- \_\_\_ STAIN & VARNISHING
- \_\_\_ BRUSH
- \_\_\_ ROLL
- \_\_\_ MANLIFT
- \_\_\_ STAGework
- \_\_\_ CAULKING
- \_\_\_ SPRAY (AIRLESS)
- \_\_\_ SPRAY (CONVENTIONAL)
- \_\_\_ PRESSURE WASHING
- \_\_\_ FAUX FINISH

**PAINTER:**

- \_\_\_ (STEEL PAINTER)
- \_\_\_ SPRAY
- \_\_\_ SANDBLASTING
- \_\_\_ STEELSHOT
- \_\_\_ BRIDGES
- \_\_\_ CLIMB STEEL
- \_\_\_ TOWERS
- \_\_\_ BRUSH
- \_\_\_ ROLL
- \_\_\_ PLANTWORK
- \_\_\_ LOCK & DAM
- \_\_\_ RIGGER

**DRYWALL:**

- \_\_\_ HAND FINISH
- \_\_\_ BOXES
- \_\_\_ BAZOOKA
- \_\_\_ WIPE DOWN
- \_\_\_ ANGLE TOOL
- \_\_\_ ROLLER
- \_\_\_ BANJO
- \_\_\_ TEXTURE
- \_\_\_ STUCCO & DRUVIT

**GLAZIER:**

- ENTRANCES & STOREFRONTS
- CURTAINWALL-LAYOUT & INSTALLATION
- MIRRORS-LAYOUT & INSTALLATION
- CAULKING & SOLVENTS
- WELDING
- PUTTY GLAZIER

**OTHER CONSTRUCTION EXPERIENCE:**

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**FOREMAN EXPERIENCE**

**OSHA REQUIREMENTS OR CERTIFICATIONS**

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|--|---|
| <input type="checkbox"/> FALL PROTECTION | <input type="checkbox"/> SCAFFOLD USER, ERECTOR, DISMANTLER |
| <input type="checkbox"/> LEAD ABATEMENT  | <input type="checkbox"/> RESPIRATOR PROTECTION              |
| <input type="checkbox"/> CONFINED SPACE  | <input type="checkbox"/> OSHA 10                            |
| <input type="checkbox"/> OSHA 30         | <input type="checkbox"/> HAZWOPPER                          |
| <input type="checkbox"/> CPR-FIRST AID   | <input type="checkbox"/> OTHER _____                        |