



# **SECTION 1**

## **PRE HIRE APPLICATION**

- Pre-Hire Application Form
- Job Specific Requirements
- New Hire Policy
- EEO Self ID Form
- Workers Compensation Check



## PRE HIRE APPLICATION FORM

Starr Painting & Drywall is an Equal Opportunity Employer

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number - Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Email: \_\_\_\_\_ Are you 18 years old or older?  YES or  NO

Marital Status:  Single  Married  Divorced  Separated  Widowed  Domestic Partnership

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DO YOU HAVE ANY PREVIOUS CRIMINAL CONVICTIONS? Yes:  No:

IF YES: Felony:  Misdemeanor:  Suspended Driver's License:

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Drivers License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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Emergency Contact: NAME: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact Relationship to you:  Spouse  Partner  Sibling  Parent  Child  Other

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Current Hourly Rate Requested \_\_\_\_\_ Date Available to Start \_\_\_\_\_  
(Three consecutive weekly pay stubs must be provided to prove current rate.)

Job Applying For: Framer  Rocker  Finisher  Painter  Laborer

Do you have the required tools to perform the job you are applying for? Yes  No   
(See list on next page for required tools)



**DO YOU HAVE ANY OF THE FOLLOWING LICENSES OR CERTIFICATIONS THAT ARE CURRENTLY VALID?**

Boom Lift  Scissor Lift  Forklift  First Aid  OSHA 10  OSHA 30  Fall Protection   
CPR  Power Actuated Tool  Other (please list)  \_\_\_\_\_

**How did you learn about us? :**  Current Staff member (list name: \_\_\_\_\_)  
 Former Staff Member (list name: \_\_\_\_\_)  
 Subcontractor (list name: \_\_\_\_\_)  
 General Contractor (list name: \_\_\_\_\_)  
 Starr Website  
 Walk In

**Work Experience (List at *minimum* one previous employer):**

1. Name of Company \_\_\_\_\_  
Dates of Employment \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reference Name: \_\_\_\_\_ Reference Phone Number: \_\_\_\_\_  
Job Duties  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving  
\_\_\_\_\_  
\_\_\_\_\_

2. Name of Company \_\_\_\_\_  
Dates of Employment \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reference Name: \_\_\_\_\_ Reference Phone Number: \_\_\_\_\_  
Job Duties  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving  
\_\_\_\_\_  
\_\_\_\_\_

3. Name of Company \_\_\_\_\_  
Dates of Employment \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reference Name: \_\_\_\_\_ Reference Phone Number: \_\_\_\_\_  
Job Duties  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving  
\_\_\_\_\_  
\_\_\_\_\_



**List the Commercial Projects You Have Worked on in the Past 12 Months**  
*(Please list at least one project)*

- \_\_\_\_\_  
Name of Project \_\_\_\_\_ Dates \_\_\_\_\_
- \_\_\_\_\_  
Name of Project \_\_\_\_\_ Dates \_\_\_\_\_
- \_\_\_\_\_  
Name of Project \_\_\_\_\_ Dates \_\_\_\_\_
- \_\_\_\_\_  
Name of Project \_\_\_\_\_ Dates \_\_\_\_\_

I, \_\_\_\_\_ certify that the above information is true and correct and understand that any information found to be untrue will be grounds for termination in the event I am hired for any position at Starr Painting & Drywall.

I hereby give my full permission to Starr Painting & Drywall to conduct full and detailed criminal background information checks including workers compensation information. I also give permission for my references to be contacted.

I fully understand that if my application for employment is accepted, that I will be required to sign and agree to Starr Painting & Drywall's Employment Policies and Procedures. Upon employment, I may be subject to drug screening and other additional screening as required. I also understand that I will be required to provide my own hand tools, per Starr Painting and Drywall's requirements.

\_\_\_\_\_ **Applicant Name**                                  \_\_\_\_\_ **Applicant Signature**                                  \_\_\_\_\_ **Date**

<p><b>FOR OFFICE USE ONLY</b></p> <p>Job Title: _____</p> <p>Original Hire Date: _____ Actual Start Date: _____</p> <p>Pay Rate: \$ _____ <input type="checkbox"/> Hourly    <input type="checkbox"/> Salary</p> <p>Status: <input type="checkbox"/> 3 Month Probation    <input type="checkbox"/> Part Time</p> <p>Approved By: _____</p>
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## TYPICAL PHYSICAL JOB REQUIREMENTS

Starr Painting & Drywall is involved in the construction of a wide variety of projects and scope types. All involve physical work. On a daily basis employees may be required to undertake all or some of the following activities:

- Lift heavy items up to 50 lbs.;
- Load and unload equipment and materials;
- Climb multiple flights of stairs throughout the day;
- Climb ladders and scaffold;
- Sweep clean and dispose of debris;
- Handle power tools and actuated equipment;
- Drive machinery such as scissor and boom lifts;
- Wear PPE all day every day;
- Working indoors and outdoors;

Please see next page for Task Specific Job tools that are also required by each employee to complete their job.

*I, (print name) \_\_\_\_\_ fully accept and understand the above mentioned physical requirements of the job. I state for the record that I am physically capable of performing ALL of the abovementioned tasks without limitation or modification on a daily basis. Failure to answer honestly to this policy may result in disciplinary action and/or termination.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



## TASK SPECIFIC TOOL REQUIREMENTS

Initial on line if you have all tools

### Framer

\_\_\_\_\_ *Initial*

- Work bags
- Hammer
- Heavy duty pliers
- Drywall knife
- Sharpie
- Snip scissors
- Tape measure
- 1' level
- 1' metal square
- 6" triangular square
- Plumb laser (red/green dot)
- Line laser (red/green lines)
- Framing clams (6 minimum)
- Framing clamps LARGE (2 minimum)
- Chalk box (2 colors – blue & red)
- Magnet plumb bob
- Cordless gun
- Pry bar or claw nail puller
- Extension cord
- Work light
- Ability to use Hilti 351, 460, 120/G3, spin laser

### Hanger

\_\_\_\_\_ *Initial*

- Tool bags
- Hammer
- Drywall knife
- Tape measure
- Pencil
- Heavy duty pliers
- Snip scissors
- Drywall rasp
- Drywall saw
- Circle cutter
- Magnetic plumb bob
- T-cutting square
- Drywall sheet lifter
- Chalk box (blue)
- Screw gun
- Extension cord
- Rotor
- Work light
- Ability to plumb door frames, drywall corners, soffits, & expansion joints



## Finisher

\_\_\_\_\_ *Initial*

### *Journeyman*

- Extension cord (100', 12/3 AWG)
- Shop light (500 watts or LED)
- Drill
- Paddle mixer
- 2 buckets
- Mud pan
- Finishing knife (sizes 1", 2", 3", 4", 5", 6", 8", 10", 12")
- Sanding pole
- Banjo
- Utility knife
- Aviation snips
- Stilts
- Philips screw driver
- Expectation of completing 60 sheets or more

### *Apprentice*

- Mud pan (sizes 6", 8", 10")
- Banjo
- Sanding pole
- Expectation learn and improve quickly

## Painter

\_\_\_\_\_ *Initial*

- Putty knife
- 5 way knife
- Caulking gun
- 9in roller frame
- 14in roller frame
- 4in mini roller frame
- Speed pan
- Paint brushes
- 2-4FT extension pole
- 4-8ft extension pole
- 3m hand masker
- 1gal cut bucket and grid
- White painter pants



## NEW HIRE POLICY

We only hire individuals who are eligible to work in the United States of America. You must be able to provide identification or other documentation proving that you are eligible to work in the USA. Knowingly providing us with false information constitutes as fraud and will be prosecuted to the fullest extent of the law. Starr Painting and Drywall supports E-Verify.

If you are hired you will need to complete a new hire pack that includes an I-9 form. Please remember to produce the required identification for the I-9 form:

### **Passport or Permanent Resident Card OR Social Security Card and Driver's License**

In addition to the above identification documents, the following items are required:

- 3 Recent paystub to prove work experience in a commercial environment

You are required to get yourself to work daily by the designated start time and you may be required to travel from one job site to another during the work day.

You must be able to read, write, speak, and understand English. You are required to fill out a timesheet and take and understand instructions in English. Bilingual speakers are encouraged to apply.

**Starr Painting & Drywall has a strict drug free work policy and every new applicant must be prepared to undertake and pass a drug test prior to starting work.**

Starr Painting & Drywall does **NOT** discriminate against any individual on the basis of race, color, religion, sex, sexual orientation, national origin, age or disability. Starr Painting & Drywall is an **EQUAL OPPORTUNITY** employer.

All new employees will start on a temporary, trial basis. This trial period and temporary status will be changed at the discretion of the Field Supervisor or Project Manager. Starr Painting & Drywall uses this trial period to allow new employees to learn our production procedures and high quality output. All employees who are not able to prove previous pay rates or work experience will be started at a rate of \$12 per hour. A pay raise will be at the Field Supervisor or Project Manager's discretion, once skill and ability is assessed in the field.

*I, **(print name)** \_\_\_\_\_ fully accept and understand the above mentioned new hire policies. Failure to comply or repeated violation of this policy may result in disciplinary action and/or termination.*

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**





## EEO-1 – SELF ID INFORMATION

It is the policy of Starr Painting & Drywall to provide equal employment and advancement opportunities to all individuals. Employment decisions are based on abilities, experience, qualifications, merit and skills. Starr Painting & Drywall does not discriminate in opportunities or practices on the basis of age, ancestry, color, disability, gender, marital status, national origin, race, religion, sexual orientation, veteran status or any other characteristics protected by law. This practice governs all aspects of employment including selection, job assignment, compensation, discipline, termination and access to benefits and training.

The following information is used to assist Starr Painting & Drywall in maintaining the statistics for the annual EEO-1 report which we may be required to submit to the Federal Government each year. Completion of this form is voluntary and in no way affects any decision regarding your employment.

THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

Gender:  Female  Male

### Specific Instruction:

The two questions below are designed to identify your ethnicity and race. **Regardless of your answer to question 1, proceed to question 2.**

### **Question 1. Are you Hispanic or Latino?**

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Yes  No

**Question 2.** Please select the racial category or categories with which you most closely identify by placing an “X” in the appropriate box. Place an “X” in the appropriate box(es).

Racial Category (check as many as apply):

- White
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Asian
- American Indian or Alaska Native
- Two or more races (not Hispanic or Latino)
- Prefer not to disclose

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT

Division of Workers' Compensation

633 17<sup>th</sup> Street, Suite 400

Denver, CO 80202-3660

Phone: (303) 318-8700 | Toll Free: (888) 390-7936

Fax: (303) 318-8710

**Only fill out sections highlighted in yellow.**

**Solo llena las partes que son amarillas.**

**AUTHORIZATION FOR RELEASE OF LIMITED INFORMATION TO THIRD PARTIES**

Claimant Social Security Number: \_\_\_\_\_

Claimant Name: \_\_\_\_\_

Requestor (Third Party) Name: \_\_\_\_\_

Employer Business Name: \_\_\_\_\_

The above referenced claimant authorizes limited access to above-mentioned requestor to all workers' compensation files on record as stated below. This authorization shall remain in effect for ninety days from the date of claimant's signature, unless claimant notifies the Division of Workers' Compensation in writing before such time, that claimant is revoking said authorization.

**Information provided shall be limited to:**

- Workers' Compensation Number
- Date of Injury
- Part of Body
- Employer

\_\_\_\_\_  
Claimant's Signature (in presence of notary)

\_\_\_\_\_  
Date Signed (to be completed by claimant)

**Authorization must be signed and dated by the claimant.**

**Notarization is required.**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

**When using an embossed seal, please shade before faxing.**

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

by \_\_\_\_\_  
(Print name of claimant)

Place notary seal here

\_\_\_\_\_  
Signature of Notary Public

My commission expires: \_\_\_\_\_

**Altered forms will not be accepted.**