

See Dirt Run!™



We stand behind your dirt!

Application for Employment

13616 Warrior Brook Terrace
Germantown, MD 20874

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION					
High School		Address <input type="checkbox"/> <input type="checkbox"/>			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address <input type="checkbox"/> <input type="checkbox"/>			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address <input type="checkbox"/> <input type="checkbox"/>			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES	
Please list three professional references.	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities <input type="checkbox"/> <input type="checkbox"/>			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

Applicant Name: _____ Date: _____

By filling this out this form it helps us to determine how well your skills match our company's needs, and tells us where you will require training and it is for your benefit. Please complete both pages.

If you were provided with a vehicle and the necessary tools to perform the jobs listed below, which jobs could you perform and complete on your own without any assistance or additional training right now? Check off the services that you could perform.

Pressure washing	
<input type="checkbox"/>	Vinyl or Aluminum siding
<input type="checkbox"/>	Flagstone patio
<input type="checkbox"/>	Pool apron
<input type="checkbox"/>	Tennis court
<input type="checkbox"/>	Trex or composite deck
<input type="checkbox"/>	Concrete drive, walk or patio
<input type="checkbox"/>	Brick Sided Homes / Walls
<input type="checkbox"/>	Stucco / Dryvit
<input type="checkbox"/>	PVC Fencing
<input type="checkbox"/>	PVC Decking / Rails
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:
Wood prep and repair	
<input type="checkbox"/>	Deck sanding
<input type="checkbox"/>	Deck buffing
<input type="checkbox"/>	Deck board replacement
<input type="checkbox"/>	Repair work tightening deck rails
<input type="checkbox"/>	Masking and tarping
<input type="checkbox"/>	Caulking and chinking
<input type="checkbox"/>	Rot repair
<input type="checkbox"/>	Half log replacement
<input type="checkbox"/>	Log or cedar home sanding
<input type="checkbox"/>	Replace wood siding or trim
<input type="checkbox"/>	Diagnose structural deficiencies
<input type="checkbox"/>	Screen removal replacement
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:

Wood washing	
<input type="checkbox"/>	Deck washing
<input type="checkbox"/>	Deck stripping
<input type="checkbox"/>	Deck neutralizing
<input type="checkbox"/>	Fence washing
<input type="checkbox"/>	Fence stripping
<input type="checkbox"/>	Fence neutralizing
<input type="checkbox"/>	Gazebo / arbor washing
<input type="checkbox"/>	Playset washing
<input type="checkbox"/>	Screened porch washing
<input type="checkbox"/>	Cedar home washing
<input type="checkbox"/>	Cedar home stripping
<input type="checkbox"/>	Log home washing
<input type="checkbox"/>	Log home stripping
Sealing, staining, painting	
<input type="checkbox"/>	Seal /stain deck
<input type="checkbox"/>	Seal /stain fence
<input type="checkbox"/>	Seal or stain log home
<input type="checkbox"/>	Seal or stain cedar home
<input type="checkbox"/>	Paint trim, windows, doors
<input type="checkbox"/>	Seal /stain Gazebo, Arbor
<input type="checkbox"/>	Seal /stain screened porch
<input type="checkbox"/>	Concrete drive, walk or patio
<input type="checkbox"/>	Interior painting
<input type="checkbox"/>	Outdoor furniture sealing
<input type="checkbox"/>	Interior trim painting/staining
<input type="checkbox"/>	Sanding paint prep
<input type="checkbox"/>	Masking paint prep
<input type="checkbox"/>	HVLP sprayer use
<input type="checkbox"/>	Properly use brush /stain pad

Trade skills	
<input type="checkbox"/>	Carpentry
<input type="checkbox"/>	Framing
<input type="checkbox"/>	Deck building
<input type="checkbox"/>	Fence building
<input type="checkbox"/>	Remodeling
<input type="checkbox"/>	New construction
<input type="checkbox"/>	Trim / Molding
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:
Tools	
<input type="checkbox"/>	Pressure washer
<input type="checkbox"/>	Sand blasting equipment
<input type="checkbox"/>	Carry / Set up ladders up to 30ft
<input type="checkbox"/>	Drill
<input type="checkbox"/>	Compressor
<input type="checkbox"/>	Nail gun
<input type="checkbox"/>	Skill saw
<input type="checkbox"/>	Generator
<input type="checkbox"/>	Blower
<input type="checkbox"/>	Orbital sander
<input type="checkbox"/>	Floor sander
<input type="checkbox"/>	Grinder
<input type="checkbox"/>	Other:

Safety	
<input type="checkbox"/>	Fall Arrest harness
<input type="checkbox"/>	Anchoring
<input type="checkbox"/>	Lanyards
<input type="checkbox"/>	Rope grabs
<input type="checkbox"/>	Life lines
<input type="checkbox"/>	Scaffolding set up/ teardown
<input type="checkbox"/>	Respirator
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:

Add any comments you wish to share regarding other items not listed below.

The information I am providing is accurate and I am able to perform these tasks at this time.

Signature: _____ Date _____

FAX all document to: 301-540-8112 or email to Beth@seedirtrun.com