

GENERAL INFORMATION SHEET

DATE (FECHA): _____

NAME (NOMBRE): _____

ADDRESS (DIRECCION): _____

TELEPHONE NUMBER (NUMERO DE TELEFONO): _____

POSITION (POSICION): _____

YEARS OF EXPERIENCE (Cuantos Años De Experiencia)							
LAYOUT	LABORER	MECHANIC	STUCCO	METAL FRAMER	HANGER	EIFS	DRYWALL FINISHER

COMPANIES YOU HAVE WORKED FOR (COMPAÑIAS DONDE HA TRABAJADO):

NAME OF COMPANY	LENGTH OF TIME	REASON FOR LEAVING
NOMBRE DE LA COMPAÑIA	PERIODO DE TIEMPO	RAZON DE SEPARACION

JOB REQUIREMENTS:

***ALL JOBS REQUIRE STANDING ON FEET 8+ HOURS PER DAY & WORKING IN VARIOUS CONDITIONS.**

- * **FINISHER** - MUST BE ABLE TO WALK ON STILTS & LIFT 100 POUNDS.
- * **MECHANIC** - MUST BE ABLE TO LIFT 100 POUNDS.
- * **LABORER** - MUST BE ALBE TO LIFT 100 POUNDS.