



TRADE-PARTNER APPLICATION

PERSONAL INFORMATION

COMPANY NAME: _____

FULL NAME: _____ DATE: _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ PHONE: _____

INFORMATION

DO YOU HAVE LIMITED LIABILITY INSURANCE? ☐ YES ☐ NO

DO YOU HAVE WORKMAN'S COMPENSATION INSURANCE? ☐ YES ☐ NO

BI-LINGUAL? ☐ YES ☐ NO

PLEASE DESCRIBE THE EXTENT OF YOUR PAINTING EXPERIENCE:

LIST ANY SPECIAL QUALITIES OR CERTIFICATIONS:

CREW SIZE: _____

PREFERRED HOURS _____

WILLING TO TRAVEL? ☐ YES ☐ NO AREA/DISTANCE? _____

DESIRED BILLING RATE? _____



PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

TYPE OF WORK: _____

FROM: _____ TO: _____

EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

TYPE OF WORK: _____

FROM: _____ TO: _____

EMPLOYER 3: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

TYPE OF WORK: _____

FROM: _____ TO: _____



EQUIPMENT/MATERIALS/SKILLS
PLEASE CHECK YES OR NO

INTERIOR	<input type="checkbox"/> YES <input type="checkbox"/> NO	EXTERIOR	<input type="checkbox"/> YES <input type="checkbox"/> NO
RESIDENTIAL	<input type="checkbox"/> YES <input type="checkbox"/> NO	COMMERICAL	<input type="checkbox"/> YES <input type="checkbox"/> NO
ROLLER	<input type="checkbox"/> YES <input type="checkbox"/> NO	BRUSH	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAND MASKER	<input type="checkbox"/> YES <input type="checkbox"/> NO	SPRAYER	<input type="checkbox"/> YES <input type="checkbox"/> NO
BOOM LIFT	<input type="checkbox"/> YES <input type="checkbox"/> NO	EXTENTION LADDER	<input type="checkbox"/> YES <input type="checkbox"/> NO
SCISSOR LIFT	<input type="checkbox"/> YES <input type="checkbox"/> NO	STEP LADDER	<input type="checkbox"/> YES <input type="checkbox"/> NO
SWING STAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	SANDING POLE	<input type="checkbox"/> YES <input type="checkbox"/> NO
SCAFFOLDING	<input type="checkbox"/> YES <input type="checkbox"/> NO	HEAT GUN	<input type="checkbox"/> YES <input type="checkbox"/> NO
SPRAYER	<input type="checkbox"/> YES <input type="checkbox"/> NO	DRYFALL	<input type="checkbox"/> YES <input type="checkbox"/> NO
VWC	<input type="checkbox"/> YES <input type="checkbox"/> NO	LATEX PAINT	<input type="checkbox"/> YES <input type="checkbox"/> NO
ALKYD PAINT	<input type="checkbox"/> YES <input type="checkbox"/> NO	EPOXY	<input type="checkbox"/> YES <input type="checkbox"/> NO
ENAMEL	<input type="checkbox"/> YES <input type="checkbox"/> NO	TAPING	<input type="checkbox"/> YES <input type="checkbox"/> NO
MUDDING	<input type="checkbox"/> YES <input type="checkbox"/> NO	STAIN	<input type="checkbox"/> YES <input type="checkbox"/> NO
VARNISH	<input type="checkbox"/> YES <input type="checkbox"/> NO	DRYWALL	<input type="checkbox"/> YES <input type="checkbox"/> NO
SKIMMING	<input type="checkbox"/> YES <input type="checkbox"/> NO	CAULK	<input type="checkbox"/> YES <input type="checkbox"/> NO
EFIS REPAIR	<input type="checkbox"/> YES <input type="checkbox"/> NO	TRIM	<input type="checkbox"/> YES <input type="checkbox"/> NO
DOORS	<input type="checkbox"/> YES <input type="checkbox"/> NO	FLOOR COATING	<input type="checkbox"/> YES <input type="checkbox"/> NO
STRIPPING	<input type="checkbox"/> YES <input type="checkbox"/> NO	STENCILS	<input type="checkbox"/> YES <input type="checkbox"/> NO

ANY OTHER TRAINING OR WORK EXPERIENCE?

SIGNATURE _____ **DATE** _____

PRINT NAME _____

HOW DID YOU HEAR ABOUT US? ☐ ANOTHER CREW ☐ SOCIAL MEDIA ☐ AD
☐ TRUCK ☐ JOBSITE ☐ OTHER _____