

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY:

Applicant agrees to the following conditions of employment:

1. Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.
2. A pre-placement testing for drug or alcohol use prior to employment.

LEA POR FAVOR LAS DECLARACIONES SIGUIENTES CUIDADOSAMENTE:

El aspirante conviene las condiciones del empleo siguientes:

1. La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de todo persona contratada para trabajar en los Estados Unidos.
2. Un pre-placement que prueba para el uso de la droga o del alcohol antes del empleo.

APPLICANT DATA RECORD

Marine / Industrial Tradesperson

Department _____
State _____

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status. As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply. Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation. This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. YOUR COOPERATION IS VOLUNTARY.

(PLEASE PRINT) SSN: _____ - _____ - _____ Application Date _____

Name _____ FIRST MIDDLE LAST Phone (____) _____ AREA CODE

Address _____ NUMBER STREET CITY STATE ZIP CODE

Position(s) Applied For _____ Union Journey Worker _____ Union Apprentice _____

Referral Source: Advertisement Friend Relative Walk-in Union Other
 Employment Security Other Employment Agency _____
Please Specify

Voluntary Survey

Government agencies at times require periodic reports on the sex, ethnicity, disabled, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. SUBMISSION OF INFORMATION IS VOLUNTARY.

Check One: Female Male

Race: Asian/Pacific Islander Black Hispanic American Indian/Alaskan Native White

Caucasian: (Not of Hispanic Origin) - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
Black: (Not of Hispanic Origin) - All persons having origins in any of the Black racial groups of Africa.
Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.
American Indian/Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Handicap/Disability: Do you have a handicap/disability which may affect your ability to perform your job? Yes No
If yes, please identify any accommodations we may make which would better enable you to perform your job: _____

Vietnam Veteran: Did you serve on active duty in any of the armed forces of the United States for more than 180 days any portion of which was the Vietnam Era (08/05/64 - 05/07/75)? Yes No

Other Veteran: Have you served in a "war", campaign or on an expedition for which a campaign badge has been awarded? Yes No If Yes, Please advise which "war", campaign, or expedition _____

Disabled Veteran: Are you entitled to disability compensation under laws administered by the Veteran's Administration, or a person whose discharge or release from active military duty was for a disability incurred or aggravated in the line of duty? Yes No

LONG PAINTING COMPANY

MARINE / INDUSTRIAL APPLICATION FOR EMPLOYMENT

Qualified applicants receive consideration for employment without discrimination because of sex, marital status, sexual preference, race, color, creed, national origin, age, or the presence of a non-job-related handicap.

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. False statements on this application form shall be considered sufficient cause for termination.

DATE: _____

NAME: _____

SOCIAL SEC.# _____

PRESENT ADDRESS: _____
No. Street City State Zip

TELEPHONE: () _____

POSITION / TYPE OF EMPLOYMENT DESIRED: _____

Are you a member of a Union? Yes No If yes, what Trade? _____ Local# _____
**If no: Field personnel must join within 7 days of being hired.

Have you worked for us before? Yes No If yes, when? _____

Have you applied for work with us before? Yes No If yes, when? _____

Why did you apply at this company? _____

Employee Referral? (Name of Employee) _____

Name of relatives employed by this company: _____

Are you willing to work out of State? _____

EDUCATIONAL BACKGROUND: (Circle last year attended) Major

High School: _____ 1 2 3 4 Graduated? _____

College: _____ 1 2 3 4 Graduated? _____

Other Training: _____
(Include Apprenticeship)

Are you willing to do: High work? Swingstage? Confined Space?

Do you have a current first aid card? Yes No CPR card? Yes No If yes to either, please provide.
Reliable transportation? Yes No

Have you worked for a Department of Transportation (DOT) regulated company within the past two years?
 Yes No

APPLICANT DO NOT WRITE INSIDE THIS BOX.

Interviewer's Comments:

Starting Date: _____ Pay Rate Assigned _____ Supt. Sig. _____

**Marine / Industrial Application for
Employment, Continued**

PAINTERS Professional Background: Journeyman Apprentice, Bracket # _____

Check areas in which you have had experience:

- | | |
|---|--|
| <input type="checkbox"/> Residential & Light Commercial _____ Years Experience | <input type="checkbox"/> Industrial _____ Years Experience |
| <input type="checkbox"/> Commercial _____ Years Experience | <input type="checkbox"/> Marine/Ships _____ Years Experience |
| <input type="checkbox"/> Lead Man _____ Years Experience | <input type="checkbox"/> Foreman _____ Years Experience |
| <input type="checkbox"/> Own Business _____ Years Experience | <input type="checkbox"/> Autobody _____ Years Experience |
| <input type="checkbox"/> Forklift _____ Years Experience / Current Certification? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Check areas in which you are skilled:

- | | |
|---|--|
| <input type="checkbox"/> Brush _____ Years Experience | <input type="checkbox"/> Roller _____ Years Experience |
| <input type="checkbox"/> Spray, type _____ | _____ Years Experience |
| <input type="checkbox"/> Sandblasting _____ Years Experience | <input type="checkbox"/> Paper Hanging _____ Years Experience |
| <input type="checkbox"/> Sign Painting _____ Years Experience | <input type="checkbox"/> Estimating _____ Years Experience |
| <input type="checkbox"/> Dryvit Application _____ Years Experience | <input type="checkbox"/> Fireproofing _____ Years Experience |
| <input type="checkbox"/> Hand Taping _____ Years Experience | <input type="checkbox"/> Machine Taping _____ Years Experience |
| <input type="checkbox"/> Scaffolding _____ Years Experience | <input type="checkbox"/> Rigging _____ Years Experience |
| <input type="checkbox"/> Paint Manufacturing _____ Years Experience | |
| <input type="checkbox"/> Special Coatings _____ Years Experience, Types _____ | |

- Other _____, _____ Years Experience
_____, _____ Years Experience

Describe non-paint-related skills _____

Do you smoke? _____

Do you have any physical, mental or sensory limitations, or disabilities, to assist us in placement? _____

If yes, describe _____

Have you ever been involved in a worker's compensation injury claim? _____

If yes, describe _____

While Long Painting Co. provides protective equipment for you, the field of painting can expose to you thinners, solvents, epoxies, and other toxic vapors and dusts. Do you have a current medical condition that we need to be made aware of and thereby accommodate to reduce your exposure to hazardous chemicals? _____

If yes, describe _____

Do you have any activities, commitments or responsibilities, which may prevent you from meeting work attendance requirements? _____ If yes, describe _____

**Marine / Industrial Application for
Employment, Continued**

PREVIOUS EMPLOYERS

(Please List Your Most Recent Employer First)

	<u>Job Title</u>	<u>From</u>	/	<u>To</u>
1. Name _____	_____	_____	/	_____
Address _____ _____	Hourly Rate/Salary \$ _____	per _____		
Phone Number _____	Reason for Leaving _____			
	Name of Supervisor _____			

	<u>Job Title</u>	<u>From</u>	/	<u>To</u>
2. Name _____	_____	_____	/	_____
Address _____ _____	Hourly Rate/Salary \$ _____	per _____		
Phone Number _____	Reason for Leaving _____			
	Name of Supervisor _____			

	<u>Job Title</u>	<u>From</u>	/	<u>To</u>
3. Name _____	_____	_____	/	_____
Address _____ _____	Hourly Rate/Salary \$ _____	per _____		
Phone Number _____	Reason for Leaving _____			
	Name of Supervisor _____			

PERSONAL REFERENCES: (Not Relatives)

	Phone Number
1. _____	_____
2. _____	_____

Have you been convicted of a felony within the last 7 years? _____ If yes, describe in full _____

(A conviction will not necessarily bar you from employment.)

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by a company to which you applied for in the past 2 years? Yes No

**Marine / Industrial Application for
Employment, Continued**

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY:

Applicant agrees to the following conditions of employment:

1. A pre-placement health evaluation, if required, including laboratory testing for drug or alcohol use prior to employment.
2. Submitting proof of citizenship or immigration status upon employment.
3. Completing and executing surety bond application, if required.
4. Meeting attendance and performance requirements.
5. Conforming to the policies and procedures of the company rules, regulations and instructions.
6. Testing for illicit substances as per the policy statement published by the Company.
7. Applicant understands that employment is based on specific project needs and may be terminated or require layoff as the project work force needs dictate.
8. Applicant understands that any employee who personally or as a result of instructions to his/her subordinate(s) pollutes or causes the possibility of injury or damage to the environment, persons or property, in complete disregard of common sense and/or applicable company, local, state and/or federal laws or regulations, shall be subject to immediate dismissal.

I certify that the all facts and statements in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omission of fact either on this application or during the pre-employment process will result in my application being rejected, or, if I am hired, in my employment being terminated.

I understand that in accepting this application, the company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. **I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Long Painting is of an "at will" nature, which means that you may resign at any time and Long Painting may discharge you at any time with or without cause.** It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the board of directors.

I have been advised that Long Painting Company may request an investigative consumer report to be prepared on all information contained herein. I hereby give consent for a consumer report for employment purposes. I hereby authorize, without reservation, any law enforcement agency, administrator, state agency, state repository, former employer, corporation, credit agency, educational institution, city, state, federal court, military institution, information service bureau, or employer contacted by Long Painting Co. to furnish any and all information. I do understand the investigation will include information from law enforcement agencies, state agencies and public records information, such as credit, social security, criminal, and motor vehicle. This report will include information as to my character, work habits, performance and experience, along with the reasons for termination or past employment from previous employers. My signature below releases any aforesaid parties from any liability and responsibility for collecting the above information at any time.

If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Signature of Applicant _____

Date: _____

LONG PAINTING COMPANY
MARINE / INDUSTRIAL PRE-EMPLOYMENT EXAM

Name of Applicant _____
Social Security No. _____
Date _____

True or False:

For each of the following statements, decide whether the answer is true or false and circle the appropriate letter.

- T F 1. All new employees must be trained concerning hazardous materials.
- T F 2. Initial surface conditions that must be cleaned include mill scale, rust, soluble salts, grease, and dirt.
- T F 3. Hazardous elements that must be considered when blasting off old paints are lead and chromate.
- T F 4. Induction time is the amount of time that two component paints can be successfully applied.
- T F 5. Some solvent cleaning will require the worker to wear a respirator.
- T F 6. Hand tool cleaning involves chipping, sanding, and grinding with electric or air powered tools.
- T F 7. Hand tool cleaning is used to clean and prepare small corroding areas on a structure.
- T F 8. Needle scalers, piston scalers, and chipping hammers are common impact cleaning tools.
- T F 9. Water blast cleaning will not roughen a steel surface without injection of abrasive.
- T F 10. Leachable lead in concentrations of 5 ppm (parts per million) or more is considered hazardous
- T F 11. Two component paints come already mixed in a single can.
- T F 12. Pot life is the amount of time after mixing during which two-component paints can be applied correctly.
- T F 13. One Mil is 1/100th of an inch.
- T F 14. The WFT gauge MUST be thoroughly cleaned after each reading/measurement is taken.
- T F 15. Ambient conditions include the temperature, relative humidity, and dew point.
- T F 16. On a sling psychrometer, the dry bulb is covered with a dry sock.
- T F 17. Coatings that cure by oxidation use atmospheric oxygen to dry.
- T F 18. Amine blush is an amber, oily film, which rises to the surface with epoxy coatings.
- T F 19. An evaporation type coating should not be topcoated with a different type of coating containing a strong solvent.
- T F 20. Vinyl coatings cannot be used in areas where sever corrosion exists.
- T F 21. Inorganic zinc-rich coatings are unaffected by temperatures as high as 750° F.
- T F 22. An air compressor's ability to create air volume is measured in cubic feet per minute (CFM).
- T F 23. The blast pot is where compressed air and abrasive are mixed in the air stream.

5. Solvent cleaning is used to remove _____.
 - a. Rust
 - b. Soluble salts
 - c. Old Paint
 - d. Grease
6. The highest degree of blast cleaning is _____.
 - a. SP-7
 - b. SP-6
 - c. SP-5
 - d. None of the above
7. Which of the following is not a blast abrasive? _____.
 - a. Ground corn cobs
 - b. Shot
 - c. Walnut Shells
 - d. Carbon
8. The following are blast pot components except _____.
 - a. Moisture separator
 - b. Compressor
 - c. Choke valve
 - d. Abrasive filling head
9. The process of breaking up a fluid into tiny droplets in the air is called _____.
 - a. Screening
 - b. Compression
 - c. Atomization
 - d. Oxidation
10. Air regulators _____.
 - a. Regulate atomizing air to the spray gun.
 - b. Require daily draining
 - c. Provide air pressures greater than that of the main supply
 - d. Are usually hooked up before the air intake port of the compressor pump
11. With an internal mix spray gun _____.
 - a. Paint is continually agitated in the paint cup or tank while spraying
 - b. Paint is compressed into the horns of the cap
 - c. Air and paint mix within the air cap.
 - d. There are side-ports for air in the horns of the air cap
12. The airless tip (fluid nozzle) is selected on the basis of _____.
 - a. Orifice size and fan width
 - b. Orifice size and side-port air hold angles
 - c. Fan width and air cap type
 - d. Paint viscosity and paint type

13. In airless spray, the major safety problem is the _____.
 - a. Hot exhaust gases produced
 - b. Exposed driving belt on spray unit
 - c. High system fluid pressure
 - d. Toxic fumes produced while spraying

14. In an airless gun becomes clogged _____.
 - a. It is unnecessary to shut off power to clean the gun
 - b. Shut off power before cleaning the gun
 - c. Shut off power, pull electrical cord, and relieve fluid pressure before cleaning the gun
 - d. Shut off power and relieve fluid pressure before cleaning the gun

15. To adjust a test spray patter for uniformity on an airless unit, _____.
 - a. Change the airless gun
 - b. Adjust the atomizing air control on the gun
 - c. Increase the pressure adjustment control
 - d. Adjust the uniformity control on the gun

16. What is used to protect workers in the vicinity of blasting if the blaster drops the nozzle? _____.
 - a. Special clothing
 - b. A shield around the work area
 - c. Air fed respirators
 - d. Dead man control

17. What special precaution is necessary for blast hose couplings? _____.
 - a. Check them before every shift
 - b. Make sure they are tight
 - c. Wire them together to make sure they will not disjoin
 - d. No Special precautions is necessary