

KENPAT USA

Pre-Employment Application Questionnaire

Project _____
Date _____

Name _____ Available to Start _____

Home Phone _____ Cell _____

Email Address: _____

Thank you for considering KENPAT USA as your next employer. Please provide the following information about your experience and skill level. This will help us match you up with the best opening we currently have available at this time, if any.

Please answer these questions truthfully and as accurately as possible.

1. What type of work are you looking for: (**circle one or more**)
 - a. **metal framer**
 - b. **framer- hanger**
 - c. **drywall hanger**
 - d. **drywall finisher**
 - e. **acoustical ceiling mechanic**
 - f. **laborer, trainee/ apprentice**
2. Have you worked for Kenpat USA in the past 12 months? _____
3. Who have you been working for recently? _____
4. How long were you employed? _____
5. Were you paid by the hour or by the piece? _____
6. How much were you paid? _____
7. Have you been fingerprinted / processed to work on Orange County Public School Projects per the Jessica Lunsford Act of 2005?
 - a. If yes, who were you working for and what was the name of the school?

 - b. If no, will you agree to the necessary background check and fingerprinting required of all workmen at OCPS open school projects? The employee does not pay for this processing.

Circle one **YES** **NO**

8. What type of experience do you have: (circle YES or NO)

a. Job Skills

- | | | |
|--|-----|----|
| i. Read blueprints | Yes | No |
| ii. Layout walls and ceilings | Yes | No |
| iii. Experience as a crew lead / foreman | Yes | No |
| iv. Experience as a Job Superintendent | Yes | No |
| v. Forklift Operator | Yes | No |
| vi. Bi-Lingual Speaker/ Translator | Yes | No |

b. Metal Framing

- | | | |
|----------------------------------|-----|----|
| i. Interior framing | Yes | No |
| ii. Exterior- structural framing | Yes | No |
| iii. Ceilings and Soffits | Yes | No |
| iv. Gyp Grid systems | Yes | No |
| v. Shaft Wall Assemblies | Yes | No |
| vi. Radius Walls and Soffits | Yes | No |

c. Drywall Hanging

- | | | |
|--|-----|----|
| i. Can you hang 25+ 4x10 boards a day? | Yes | No |
|--|-----|----|

d. Finishing Drywall

- | | | |
|--|-----|----|
| i. Hand tools only | Yes | No |
| ii. Production tools (Ames) experience | Yes | No |
| iii. Work with stilts | Yes | No |
| iv. Spray texture | Yes | No |
| v. Veneers | Yes | No |

e. Acoustical Products

- | | | |
|----------------------------|-----|----|
| i. Ceiling grid and tile | Yes | No |
| ii. Acoustical wall panels | Yes | No |

f. General Laborer- Trainee/ Apprentice

- | | | |
|-----------------------------------|-----|----|
| i. Stocking and cleaning- Drywall | Yes | No |
| ii. Fire tape drywall topout | Yes | No |
| iii. Fire caulk drywall topout | Yes | No |
| iv. Stick pins and insulation | Yes | No |

- | | | |
|---------------------------------|-----|----|
| v. Erect/ dismantle scaffold | Yes | No |
| vi. Service tools and equipment | Yes | No |
| vii. Operate equipment | Yes | No |

g. Employee Qualifications

- | | | |
|---|-----|----|
| i. Are you a US citizen? | Yes | No |
| ii. Are you working in the US legally? | Yes | No |
| iii. Do you have your own transportation? | Yes | No |
| iv. Are you working as an individual or
with a partner or group? | Yes | No |

I have answered all questions truthfully. I understand that if offered a position with KENPAT USA I will be required to complete an Employee Application, provide a state or federally issued photo ID and/or proof of legal residency, a valid Social Security card, and take a drug screen test before becoming a full or part time employee of KENPAT USA.

Signature _____ Date _____

Note:

If we have a suitable position available, we shall contact you within seven days from date of receipt of your completed 'Pre-Employment Application Questionnaire'.

-----OFFICE USE ONLY-----

Refer to Superintendent _____

Employment Offered: _____

Application Project: _____

Possible Start Date: _____ Desired Wage: _____

Application Complete - Checked By: _____

ID Checked/copied by: _____

Drug Screen delivered and report must be received by: _____