# Painters District council No. 30

# FIELD ORGANIZER

# position questionnaire

### **Directions:** Complete this electronic form to provide all requested information. You may indicate “see resume” as a response for any of the requested information, provided the resume clearly provides the requested information. If you need additional space to respond to A through F, do so in response to number 9 under “Additional Questions.”

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | |  | | | | | | | First | | |  | | | | | | | | M.I. | | Date of Birth | |  | |
| Street Address | | |  | | | | | | | | | | | | | | | | | Apartment/Unit # | | |  | | |
| City | |  | | | | | | | State | | |  | | | | | | | | ZIP |  | | | | |
| Phone | |  | | | | | | | E-mail Address | | | | | |  | | | | | | | | | | |
| Date Available | | | | | | | | | | | IUPAT Local Union | | | | | | | | | | | | | | |
| If hired, will you be available to work weekends? | | | | | | | YES | NO | | | | Do you speak fluent Spanish? | | | | | | | | | | YES | | | NO |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | |
| **High School** | |  | | | | | | | | City/ST | | |  | | | | | | | | | | | | |
| From |  | | | To |  | Did you graduate? | | | | YES | | | NO | | |  | | |  | | | | | | |
| **College** | |  | | | | | | | | City/ST | | |  | | | | | | | | | | | | |
| From |  | | | To |  | Did you graduate? | | | | YES | | | NO | | | Degree | | |  | | | | | | |
| **Other (e.g. GED)** | | | | | | | | | | | | | | | | | | | | | | | | | |
| From |  | | | To |  | Did you graduate? | | | | YES | | | NO | | | Degree | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list three professional references. Professional references are individuals who you worked for or with, individuals with whom you have participated in some extended public service or philanthropic activity, or individuals who taught you in a college-level course. These individuals may not include relatives (by blood or marriage). | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** | |  | | | | | | | | | | | | Relationship | | | |  | | | | | | | |
| Position and Company | |  | | | | | | | | | | | | Phone | | | ( ) | | | | | | | | |
| Address or email address | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** | |  | | | | | | | | | | | | Relationship | | | |  | | | | | | | |
| Position and Company | |  | | | | | | | | | | | | Phone | | | ( ) | | | | | | | | |
| Address or email address | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** | |  | | | | | | | | | | | | Relationship | | | |  | | | | | | | |
| Position and Company | |  | | | | | | | | | | | | Phone | | | ( ) | | | | | | | | |
| Address or email address | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Previous Employment (Last three beginning with most recent) | | | | | | | | | | | | | | | |
| **Company** | |  | | | | | | | | | | | | | |
| City/ST |  | | | | | | | Supervisor | |  | | | | | |
| Job Title |  | | | | | Current/ending salary / hourly rate:\* | | $ | | | From | | | | To |
| Responsibilities | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | YES | NO |  | | | | | | |
| **Company** | |  | | | | | | | | | | | | | |
| City/ST |  | | | | | | | Supervisor | |  | | | | | |
| Job Title |  | | | | | Ending salary / hourly rate:\* | | $ | | | From | | | | To |
| Responsibilities | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | YES | NO |  | | | | | | |
| **Company** |  | | | | | | | | | | | | | | |
| City/ST |  | | | | | | | Supervisor | |  | | | | | |
| Job Title |  | | | | | Ending salary / hourly rate:\* | | $ | | | From | | | | To |
| Responsibilities | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | YES | NO |  | | | | | | |
|  | | | | | | |  |  |  | | | | | | |
| \* If your hourly rate was the collectively bargained rate, indicate simply, “CBA” | | | | | | | | | | | | | | | |
| Military Service | | | | | | | | | | | | | | | |
| Branch |  | | | | | | | | | From | |  | To |  | |
| Rank at Discharge | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Disclaimer and Signature | | | | | | | | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge.  If my application leads to employment, I understand that false or misleading information I provided on this questionnaire or during any interview may result in immediate termination of employment.  *Electronic (typed) signatures will be accepted.* | | | | | | | | | | | | | | | |
| Signature | | |  | | | | | | | | | Date |  | | |

**Additional Questions**

Respond to the following 7 questions. Use as much space as you need to adequately respond to the request.

1. Please outline the specific **certifications and/or licenses** you presently hold (indicate the certification/licensure name, certifying agency, date of certification, and expiration if applicable).

**Additional Questions, Continued**

1. Please explain how your **educational and training experience** prepared you to provide the skills required, and respond to the leadership challenges commonly encountered, in the construction industry.

**Additional Questions, Continued**

1. Please describe **the most challenging and complex project**, and your specific role in the project, encountered by you during your experience in the construction industry (identify the challenge and manner in which it was addressed by you).

**Additional Questions, Continued**

1. Please describe a **professional/workplace conflict** that involved coworkers, supervisors, or customers/end-users, during which you believe you offered useful leadership that resolved the conflict.

**Additional Questions, Continued**

1. Please describe a situation where you had to **advocate for a positon or cause** in front of a small or large audience.

**Additional Questions, Continued**

1. Overall, what makes you the **perfect fit** for PDC 30’s Field Organizer?

**Additional Questions, Continued**

1. **Additional Information** for A through F (above) (indicate letter and additional information):