

NEW INSTALLER INFORMATION

INSTALLER NAME: _____ DATE: _____

NAME CHECK IS TO BE WRITTEN IN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____

CELL PHONE: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DRIVERS LICENSE: STATE _____ NUMBER _____

DO YOU HAVE YOUR OWN TRUCK OR VAN? YES _____ NO _____

INSTALL EXPERIENCE: (PLEASE CIRCLE)

CARPET – VINYL – HARDWOOD – LAMINATE – CERAMIC – VCT – LVT

IF YOU ARE A VINYL INSTALLER, ARE YOU CAPABLE OF INSTALLING:

12 FT GOODS _____ 15 FT GOODS _____

CAN YOU DO REPAIRS? YES _____ NO _____

ARE YOU THE CREW CHIEF OR AN ASSISTANT? _____

DO YOU HAVE A FULL CREW AVAILABLE AT ALL TIMES? YES _____ NO _____

DO YOU INSTALL OCCUPIED UNITS THAT REQUIRE MOVING FURNITURE? YES _____ NO _____

DATE AVAILABLE TO START WORK: _____

ATTACH RESUME IF AVAILABLE

START DATE: _____ (TO BE FILLED OUT BY OFFICE PERSONNEL)