

Reflections Window Washing 2019

Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Name:

Last _____ First _____ Middle _____ Date _____

_____ Street Address

_____ City

_____ State _____ ZIP _____

Telephone _____

Position applied for _____

How did you hear of this opening? _____

When can you start? _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Are you willing to take a drug test for employment? Yes No

Are you looking for full-time employment? Yes No If no, what hours are you available?

_____ Are you willing to work swing shift? Yes No

Have you ever been convicted of a felony? (This will not necessarily affect your application.) Yes No

If yes, please describe conditions. _____

Education School Name and Location High School _____

College _____ College _____

_____ Post-College _____

_____ Other Training _____

Year Major Degree _____

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

Employment History (Start with most recent employer)

Company Name _____
Address _____ Telephone _____ Date
Started _____ Starting Wage _____ Starting Position _____ Date Ended
_____ Ending Wage _____ Ending Position _____ Name of
Supervisor _____

May we contact? Yes No Responsibilities

Reason for leaving _____
Company Name _____
Address _____ Telephone _____ Date
Started _____ Starting Wage _____ Starting Position _____ Date Ended
_____ Ending Wage _____ Ending Position _____ Name of
Supervisor _____ May we contact? Yes No

Responsibilities _____

Reason for leaving _____
Company Name _____
Address _____ Telephone _____ Date
Started _____ Starting Wage _____ Starting Position _____ Date Ended
_____ Ending Wage _____ Ending Position _____ Name of
Supervisor _____

May we contact? Yes No Responsibilities

Reason for leaving _____
Company Name _____
Address _____ Telephone _____ Date
Started _____ Starting Wage _____ Starting Position _____ Date Ended
_____ Ending Wage _____ Ending Position _____ Name of
Supervisor _____ May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the owner, has any authority to alter the foregoing.

Signature _____ Date _____