

PERSONAL INFORMATION..... Date:

Full Name: _____ Date of Birth: _____ SS#: ____ - ____ - _____

Other Names Used: (ex.....Nickname, Maiden, Legal Change, Etc.) _____

Mailing Address: _____ Phone: ____ - ____ - _____

City: _____ State: _____ Zip: _____

Are You Presently Employed? Yes ___ No ___ May We Contact Your Previous Employer? Yes ___ No ___

What Position Are You Applying For? _____ Do You Have A Vehicle? Yes ___ No ___

Driver's License#: _____ Professional License#: _____ State Issued: _____

Exp. Date: _____

EDUCATIONAL EXPERIENCE.....

SCHOOL TYPE	NAME/LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	TYPE OF DEGREE
High School				
College				
Trade, Business or Correspondence				

GENERAL..... Subjects of Special Study/Research Work or Special Training/Skills

U.S. Military Or Naval Service: When? _____ Rank: _____

FORMER EMPLOYERS..... (List Below Last Three Employers, Starting With Last One First)

1. Employer: _____ Phone: _____ - _____ - _____
 Address: _____ City: _____ State: _____ Zip: _____
 Position: _____ Duties Performed: _____
 Start Date: _____ End Date: _____ Reason For Leaving: _____

2. Employer: _____ Phone: _____ - _____ - _____
 Address: _____ City: _____ State: _____ Zip: _____
 Position: _____ Duties Performed: _____
 Start Date: _____ End Date: _____ Reason For Leaving: _____

3. Employer: _____ Phone: _____ - _____ - _____
 Address: _____ City: _____ State: _____ Zip: _____
 Position: _____ Duties Performed: _____
 Start Date: _____ End Date: _____ Reason For Leaving: _____

REFERENCES.....

(List Three Persons Not Related to You That You Have Known At Least One Year.)

NAME	ADDRESS	PHONE	YEARS KNOWN

BACKGROUND INFORMATION.....

Your answer to the following questions will not necessarily bar you from employment, but rather, Veteran's Janitorial Services, LLC. will give fair consideration to the relationship between any disclosure and your fitness for a particular job.

- A. Have you ever been suspended, dismissed, fired, or discharged from a position of employment? Yes ___ No ___
- B. Has your driver license ever been suspended? Yes ___ No ___
- C. Have you ever pled guilty or been convicted of any violation of the law other than a minor traffic violation? Yes ___ No ___
- D. Have you pled guilty or been convicted of a felony, been imprisoned or placed on probation? Yes ___ No ___
- E. Are you under any restriction for violations of the law which you pled guilty or were convicted? Yes ___ No ___

F. Do you have any health related problems that would prevent you from performing the duties as a Janitor or Handyman? Please keep in mind that all duties consist of lifting, bending and standing for long periods of time. Yes ____ No ____

If you answered yes to any of these questions, please attach a separate page explaining your response. Please provide details regarding times and dates of the occurrences, reason for discharge, names/numbers/address of employers and name/number/address of police or criminal agencies involved

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT, IF EMPLOYED, FALSE STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATIONS OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE (PERSONAL OR OTHERWISE) AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZED INFORMATION. I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE. MISLEADING INFORMATION MAY RESULT IN REJECTION OF MY APPLICATION OR TERMINATION. I UNDERSTAND THAT THE APPLICATION FORM DOES NOT BIND THE COMPANY TO ANY SPECIFIC TERMS, CONDITIONS OR PERIOD OF EMPLOYMENT. BY SIGNING THIS APPLICATION, I AGREE TO A DRUG SCREENING TEST IF REQUIRED BY AGENCY DIRECTOR.

SIGNATURE: _____

DATE: _____

DO NOT WRITE BELOW THIS LINE

COMMENTS/REMARKS: _____

