

THUNDER WASH PRESSURE WASHING, INC.

2664 Ridge Rd. Elverson, PA 19520
Phone: 610-286-0041 - - Fax: 610-286-0990

APPLICATION FOR EMPLOYMENT

DATE:

PERSONAL INFORMATION

NAME: _____

PRESENT ADDRESS: _____

HOW LONG HAVE YOU LIVED AT PRESENT ADDRESS: _____

HOME PHONE NUMBER: _____ CELL NUMBER: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

NAME, ADDRESS AND PHONE NUMBER OF WHO TO CONTACT IN CASE OF EMERGENCY

DO YOU HAVE YOUR OWN TRANSPORTATION TO AND FROM WORK EACH DAY?: _____

DRIVERS LICENSE NUMBER: _____

HAVE YOU HAD ANY TRAFFIC VIOLATIONS IN THE PAST FIVE YEARS? _____

HAS YOUR LICENSE EVER BEEN SUSPENDED? IF YES, PLEASE STATE DATE OF SUSPENSION AND REASON FOR SUSPENSION: _____

DATE YOU ARE AVAILABLE TO START WORK: _____

DAYS AVAILABLE TO WORK:

Sunday _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____

ARE YOU WILLING TO WORK OVERTIME AS NEEDED? YES _____ NO _____

POSITION APPLYING FOR: _____

ARE YOU AFRAID OF HEIGHTS? YES ____ NO ____

DO YOU KNOW HOW TO USE AN EXTENTION LADDER? YES ____ NO ____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? IF SO, PLEASE STATE NATURE OF CRIME, WHERE CRIME TOOK PLACE AND THE YEAR THE CRIME WAS COMMITTED.

EMPLOYMENT HISTORY

NAME, ADDRESS AND PHONE NUMBER OF PRESENT OR MOST RECENT EMPLOYER:

DATES OF EMPLOYMENT: _____

POSITION HELD: _____

SALARY: (Start) \$ _____ (Ending) \$ _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER?: YES ____ NO ____

NAME, ADDRESS AND PHONE NUMBER OF EMPLOYER:

DATES OF EMPLOYMENT: _____

POSITION HELD: _____

SALARY: (Start) \$ _____ (Ending) \$ _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER? YES ____ NO ____

EMPLOYMENT REFERENCES (Exclude relatives and friends)

NAME, ADDRESS AND PHONE NUMBER OF EMPLOYER REFERENCES:

- 1.
- 2.
- 3.

EDUCATION:

NAME AND ADDRESS OF HIGH SCHOOL ATTENDED:

Field of Study: _____ Did you graduate? _____

NAME AND ADDRESS OF COLLEGE ATTENDED:

Field of Study: _____ Did you graduate? _____

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation 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 utilization of such 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.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE: _____ SIGNATURE: _____

INTERVIEWED BY: _____ DATE: _____