Application for Employment – BlackHawk Janitorial Services

Equal Opportunity Employer

EMPLOYER MAY CONDUCT MANDATORY DRUG TESTING AS A CONDITION OF EMPLOYMENT

WE E-VERIFY!

Applications for employment should be resubmitted after a 3-month period. That way we know that you are still actively seeking employment. You may resubmit a photo copy of your original application with any relevant updated information, i.e. New address or phone number.

PERSONAL INFORMATION

|  |
| --- |
| Name (Last – First – Middle) Social Security Number  |

|  |
| --- |
| ADDRESS CITY STATE ZIP TELEPHONE |

Are you authorized to work in the United States? ------------------------------------------------------

Please list any criminal convictions (other than minor traffic offenses incurred during the last ten years:

FORMER EMPLOYERS – LIST BELOW LAST 4 EMPLOYERS STARTING WITH THE MOST RECENT FIRST – PHONE NUMBERS ARE REQUIRED

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DATEFrom:To: | PHONE | NAME & ADDRESS OF EMPLOYER  | POSITION | SUPERVISOR | REASON FOR LEAVING  |
| From:To: |  |  |  |  |  |
| From:To: |  |  |  |  |  |
| From:To: |  |  |  |  |  |

IF CURRENTLY EMPLOYED MAY WE CONTACT YOUR CURRENT EMPLOYER? --------------------------------

LIST BELOW THE NAMES OF 2 PERSONS YOU HAVE KNOWN AT LEAST 2 YEARS (NON-RELATIVES)

NAME ADDRESS PHONE YEARS KNOWN

DO YOU HAVE ACTUAL EXPERIENCE USING ANY OF THE FOLLOWING? PLEASE CHECK

HIGH SPEED ELECTRIC BUFFER \_\_\_\_\_\_\_ PROPANE BUFFER \_\_\_\_\_\_\_\_ AUTO SCRUBBER \_\_\_\_\_

SLOW SPEED SCRUBBER\_\_\_\_\_\_\_\_\_ EXTRACTOR OR CARPET MACHINE\_\_\_\_\_\_\_\_\_\_\_

DO YOU HAVE ACTUAL EXPERIENCE IN ANY OF THE FOLLOWING AREAS OF OUR EXPERTISE

HOUSE CLEANING FOR OTHER THAN SELF\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMERCIAL OFFICE CLEANING\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FLOOR MAINTENANCE OF COMMERCIAL TILE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STRIPPING WAX \_\_\_\_\_\_\_\_\_\_\_\_ WAXING \_\_\_\_\_\_\_\_\_\_\_\_\_\_

CARPET CLEANING\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF HIRED DO YOU HAVE A RELIABLE METHOD OF TRANSPORATION TO AND FROM WORK\_\_\_\_\_\_\_\_\_\_

DRIVERS LICENSE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE ISSUED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EVER HAD LICENSES SUSPENDED? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WHERE? \_\_\_\_\_\_\_\_\_\_

REASON? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE LIST ANY OTHER INFORMATION THAT MAY BE USEFUL IN DETERMING YOUR QUALIFICATIONS FOR EMPLOYMENT WITH OUR COMPANY.

In submitting this application for employment, I authorize investigation of all statements contained in it, and it is understood and agreed that any misrepresentation by me in this application may result in cancellation of the application and/or separation from the company’s service if I have been employed. I consent to the release to the company of any and all medical information as may be deemed necessary by the company in judging my capability to perform the work for which I have applied.

In consideration of any employment I agree to conform to the rules and regulations of the company. My employment and compensation can be terminated with or without cause and with or without notice at any time at the option of the company. I understand that no representative of the company except the General Manager/Owner has any authority to enter into any agreement for any specified time or make any agreement contrary to the foregoing.

The company has an obligation to it’s employees, customers and the public to maintain a safe workplace and in the services it provides. I hereby give my consent to a medically supervised and licensed toxicology laboratory drug screening test which may include obtaining urine specimen, blood sample or other appropriate medical test as part of the normal pre-employment process and as a condition of employment.

I CERTIFY THAT I HAVE READ ALL OF THIS APPLICATION AND THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return to: BlackHawk Janitorial Services P.O. BOX 1564 MABLETON GA 30126 or by email at: blackhawkjanitorial@yahoo.com