



US HOOD CLEANING & PRESSURE WASHING

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for:

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
 Have you ever worked for this company? YES NO If yes, when? _____
 Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: Address: _____
 From: To: Did you graduate? YES NO Degree: _____
 College: Address: _____
 From: To: Did you graduate? YES NO Degree: _____
 Other: Address: _____
 From: To: Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
 Company: _____ Phone: () _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: () _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: () _____



Previous Employment

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____



Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Applicant hereby understands and acknowledges that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, applicant understands that false or misleading information given in application or interview(s) may result in discharge. Applicant understands, also, that he/she is required to abide by all rules and regulations of the employer. Any disregard for company policies will result in immediate termination of employment, including:

- Stealing or purposefully damaging company or customer property.
- The use of inappropriate language while representing the company.
- The use of controlled substances and/or alcohol while representing the company.
- Any other behavior that is deemed inappropriate and unsafe by management.

Employee shall not for a period of two (2) years following termination of their employment solicit or accept the hood and duct cleaning business of U.S. Hood Cleaning & Pressure Washing, LLC customers serviced by employee pursuant to this Agreement in the Territory.

Signature: _____ Date: _____

FOR OFFICE USE			
Received by:		Date Received:	
Reviewed by:		Date Reviewed:	
Department Filed:			