

# POWER WASH SEAL

RESIDENTIAL AND COMMERCIAL EXTERIOR RESTORATION EXPERTS

## Application For Employment

POWER WASH SEAL OF BERGEN COUNTY, LLC IS AN EQUAL OPPORTUNITY EMPLOYER, M/F/Disability/Veterans

LAST NAME:		FIRST NAME:		MIDDLE NAME:
CURRENT ADDRESS:			DAYTIME PHONE:	
PERMANENT ADDRESS:			EVENING PHONE:	
POSITION APPLIED FOR:			REFERRAL SOURCE (CHECK BOX AND LIST SOURCE)	
WAGE OR SALARY DESIRED:			<input type="checkbox"/>	EMPLOYEE _____
			<input type="checkbox"/>	INTERNET _____
AVAILABLE START DATE:			<input type="checkbox"/>	NEWSPAPER _____
			<input type="checkbox"/>	COLLEGE _____
ARE YOU ABLE TO VERIFY THAT YOU ARE OLD ENOUGH TO WORK?			YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU INTERESTED IN:		CAN YOU WORK		ARE YOU WILLING TO TRAVEL?
PART TIME	<input type="checkbox"/>	ANY SHIFT	<input type="checkbox"/>	YES
FULL TIME	<input type="checkbox"/>	OVERTIME	<input type="checkbox"/>	NO
TEMPORARY	<input type="checkbox"/>	WEEKENDS	<input type="checkbox"/>	_____
				WILL YOU RELOCATE?
				YES _____ NO _____
				GEOGRAPHICAL PREFERENCE _____
HAVE YOU APPLIED WITH US BEFORE? YES _____ NO _____				
IF YES, PLEASE GIVE NAME / LOCATION(S)				
HAVE YOU BEEN EMPLOYED WITH US BEFORE? YES _____ NO _____				
IF YES, INDICATE WHERE AND WHEN				
DO YOU HAVE RELATIVES CURRENTLY EMPLOYED WITH US? YES _____ NO _____				
IF YES, PLEASE GIVE NAME(S) AND LOCATIONS(S)				
IF HIRED, CAN YOU PROVIDE PROOF OF CITIZENSHIP OR VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? YES NO				
HAVE YOU SERVED IN THE U.S. MILITARY? YES _____ NO _____				
IF YES, INDICATE BRANCH OF SERVICE _____ HIGHEST RANK ATTAINED _____				

## EDUCATION

NAME AND LOCATION OF SCHOOL	FROM	TO	MAJOR	MINOR	DID YOU GRADUATE?	DEGREE	GPA
HIGH SCHOOL							
COLLEGE							
TRADE SCHOOL OR MILITARY							
HONORS RECEIVED							
PROFESSIONAL SOCIETY MEMBERSHIPS (YOU MAY EXCLUDE THOSE THAT INDICATE RACE, SEX, AGE, ETC.)							
PROFESSIONAL LICENSES / CERTIFICATIONS							
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, AND SKILLS							
COMPUTER SKILLS							

# EMPLOYMENT HISTORY

ARE YOU PRESENTLY EMPLOYED?		YES	NO	MAY WE CONTACT YOUR PRESENT EMPLOYER?		YES	NO
<b>PRESENT EMPLOYER</b>	EMPLOYER			JOB TITLE / SUMMARY OF DUTIES			
	SUPERVISOR'S NAME AND TITLE						
	SUPERVISOR'S PHONE NUMBER		SUPERVISOR'S EMAIL ADDRESS				
	DATES EMPLOYED		BASE SALARY OR WAGE				
	MO.	YR.	MO.	YR.	START \$	END \$	REASON FOR LEAVING
	AVG HOURS PER WEEK		OTHER COMPENSATION \$				
	<b>1ST PREVIOUS</b>	EMPLOYER			JOB TITLE / SUMMARY OF DUTIES		
SUPERVISOR'S NAME AND TITLE							
SUPERVISOR'S PHONE NUMBER		SUPERVISOR'S EMAIL ADDRESS					
DATES EMPLOYED		BASE SALARY OR WAGE					
MO.		YR.	MO.	YR.	START \$	END \$	REASON FOR LEAVING
AVG HOURS PER WEEK		OTHER COMPENSATION \$					
<b>2ND PREVIOUS</b>		EMPLOYER			JOB TITLE / SUMMARY OF DUTIES		
	SUPERVISOR'S NAME AND TITLE						
	SUPERVISOR'S PHONE NUMBER		SUPERVISOR'S EMAIL ADDRESS				
	DATES EMPLOYED		BASE SALARY OR WAGE				
	MO.	YR.	MO.	YR.	START \$	END \$	REASON FOR LEAVING
	AVG HOURS PER WEEK		OTHER COMPENSATION \$				
	<b>3RD PREVIOUS</b>	EMPLOYER			JOB TITLE / SUMMARY OF DUTIES		
SUPERVISOR'S NAME AND TITLE							
SUPERVISOR'S PHONE NUMBER		SUPERVISOR'S EMAIL ADDRESS					
DATES EMPLOYED		BASE SALARY OR WAGE					
MO.		YR.	MO.	YR.	START \$	END \$	REASON FOR LEAVING
AVG HOURS PER WEEK		OTHER COMPENSATION \$					

## PROFESSIONAL REFERENCES

NAME		NAME	
WORK PHONE	HOME PHONE	WORK PHONE	HOME PHONE
EMAIL ADDRESS	YRS KNOWN	EMAIL ADDRESS	YRS KNOWN
OCCUPATION	COMPANY	OCCUPATION	COMPANY
NAME		NAME	
WORK PHONE	HOME PHONE	WORK PHONE	HOME PHONE
EMAIL ADDRESS	YRS KNOWN	EMAIL ADDRESS	YRS KNOWN
OCCUPATION	COMPANY	OCCUPATION	COMPANY

## APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state and federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the President of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result **voluntary dismissal**.

I understand this application will be active for a period of one year, after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms name therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information

In consideration of my employment, I agree to conform to the rules, regulations, policies, and procedures of **POWER WASH SEAL OF BERGEN COUNTY, LLC** and I understand that no representative of **POWER WASH SEAL OF BERGEN COUNTY, LLC**, other than the President, has any authority to enter into any agreement, verbal or written, for the employment for any specific period of time or to make any agreement of assurances contrary to this policy. If employed, I understand that my employment is for no definite period of time, and if terminated, **POWER WASH SEAL OF BERGEN COUNTY, LLC** is liable only for wages earned as of the date of termination.

Signed \_\_\_\_\_

Date \_\_\_\_\_

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For official use only
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Interviewer \_\_\_\_\_

Date \_\_\_\_\_

Interviewer \_\_\_\_\_

Date \_\_\_\_\_

Employed      YES      NO

If employed

Title \_\_\_\_\_

Department \_\_\_\_\_

Start Date \_\_\_\_\_

Salary \_\_\_\_\_

# POWER WASH SEAL OF BERGEN COUNTY, LLC

## VOLUNTARY SELF IDENTIFICATION

POWER WASH SEAL OF BERGEN COUNTY, LLC IS AN EQUAL OPPORTUNITY EMPLOYER. We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status. In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that completion of this information is strictly voluntary. Whether you complete the form or not will have absolutely no impact on our hiring decision.

Name \_\_\_\_\_

Date \_\_\_\_\_

Job Title \_\_\_\_\_

### GENDER

- Male  
 Female

### RACE

- WHITE (Not Hispanic or Latino)  
 BLACK or AFRICAN AMERICAN (Not Hispanic or Latino)  
 HISPANIC or LATINO  
 ASIAN (Not Hispanic or Latino)  
 AMERICAN INDIAN OR ALASKA NATIVE (Not Hispanic or Latino)  
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (Not Hispanic or Latino)  
 TWO OR MORE RACES (Not Hispanic or Latino)