



APPLICATION FOR EMPLOYMENT

It is our policy to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap or veteran status.

Name: Last _____ First _____ Middle _____ Date _____

Street Address: _____ Email Address www. _____

City _____ State _____ Zip _____ Date of Birth _____

Telephone #(_____) _____ Social Security # _____

(SOCIAL SECURITY NUMBERS WILL BE VERIFIED WITH THE SOCIAL SECURITY ADMINISTRATION PRIOR TO HIRE)

Position applied for _____ How did you hear of this opening? _____

When can you start _____ Desired Wage \$ _____

_____ U.S. Citizen

_____ Legal Permanent Resident Card - Expiration Date _____

_____ Legal Alien Resident Card Expiration Date _____

What Shift are you willing to work? ___ 1st ___ 2nd ___ 3rd Hours Available: _____

Have you ever been convicted of any type crime? []Yes []No Time Served: _____

If yes, please fully describe the circumstances: * (See note below)

INFORMATION MUST BE COMPLETED

Education: Where Did You Go To School? Give Name, City, State {Country}, Year graduated and any Degree?

High School _____

College _____

Lower/Grade or Technical _____

Your complete address/s for the Past (5) years - Give Dates

From : _____

To: _____

From: _____

To: _____

Employment History: (Start with most recent employer)

INFORMATION MUST BE COMPLETED

Company Name: _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ending _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? []Yes []No

Responsibilities _____

Reason for leaving: _____

Company Name: _____
Address _____ Telephone _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ending _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____ May we contact? []Yes []No
Responsibilities _____
Reason for leaving _____

Company Name: _____
Address _____ Telephone _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ending _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____ May we contact? []Yes []No
Responsibilities _____
Reason for leaving _____

Emergency Contact (Required to Complete): Name _____
Address _____ Telephone _____

*Note: All False statements or information on your Application and I-9 Documentation for Social Security Card, Alien Registration Card or U.S. Passport information are grounds for dismissal.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager, or executive of this company, other than the president has the authority to alter the foregoing.

Note: If a uniform is required for the position you are hired for, you are responsible for the cost of the uniform.

| EMAIL ADDRESS: _____

Signature: _____ Date _____

Hire Date: _____ Location: _____

Mail to: JMS Cleaning Services
PO Box 899
Nyack, NY 10960