

APPLICATION FOR EMPLOYMENT – Westcoast Building Services

Applications for employment should be resubmitted after a 3-month period. That way we know 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

<i>NAME (LAST – FIRST – MIDDLE)</i>				<i>SOCIAL SECURITY NUMBER</i>
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 10 YEARS):

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

<i>DATE</i>	<i>NAME & ADDRESS OF EMPLOYER</i>	<i>PHONE</i>	<i>POSITION</i>	<i>SUPERVISOR</i>	<i>REASON FOR LEAVING</i>
FROM: _____ TO:					
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 EXPERTICE

HOUSE CLEANING FOR OTHER THAN SELF COMMERCIAL OFFICE CLEANING
 FLOOR MAINTENANCE OF COMMERCIAL TILING STRIPPING WAX WAXING

IF HIRED DO YOU HAVE A RELIABLE METHOD OF TRANSPORTATION TO AND FROM WORK _____

DRIVERS LICENCE NUMBER _____ STATE ISSUED _____
EVER HAD LICENSES SUPSPENDED? _____ WHERE? _____ REASON? _____

PLEASE LIST ANY OTHER INFORMATION THAT MAY BE USEFUL IN DETERMINING 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 ruled 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 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 its 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: Westcoast Building Services

