



# WESLEY JANITORIAL SERVICE LLC

P. O. Box 3553 Columbia SC 29230 • 803.754.6739 (office) • 803.917.5503 (mobile) • 803.754.6136 (fax)

## Application For Employment

Position Desired \_\_\_\_\_ Rate Desired \_\_\_\_\_ Date \_\_\_\_\_

### PLEASE READ BEFORE FILLING OUT THIS APPLICATION

The Civil Rights ACT of 1964 prohibits discrimination in employment practice because of race, color, religion, sex, or national origin. The Age Discrimination in Employment ACT prohibits discrimination on the basis of age with respect to the Individuals who are at least 40 years of age. The Americans with Disabilities Act of 1990 prohibits discrimination Because of disability. No question on this application is intended to secure information to be used for such discrimination.

#### APPLICANT'S STATEMENT:

I understand that this application will be given every consideration, but its receipt does not imply that the applicant will be employed.

I understand that an investigative consumer report may be made whereby information is obtained through personal interviews with neighbors, friends and others with whom I am acquainted. This investigation includes information as to my character, general reputation, person characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigative consumer report. I give my permission to the company to contact any of my former employers or references shown below to verify the information I have given and to release all record of my employment, including assessments of my job performance, ability and fitness. I give my permission to the company to obtain from any law enforcement agency my criminal record if any such record exists.

I understand that the company may require a criminal history release.

I hereby state that the information given by me in this application is true in all respects, and I agree that if I am Employed and the information to be false in any respect that I am dismissed.

Should I be employed I understand that such employment will be on a trial period for ninety working days from the date of hiring. I further understand that my employment will not result in an employment contract for any specific term.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

#### PERSONAL DATA: (Please Print)

Name \_\_\_\_\_  
Last Name First Middle

Social Security No. \_\_\_\_\_

Present Address \_\_\_\_\_  
Street and Number City State Zip Code

How Long Have You Resided There? \_\_\_\_\_  
Years Months

Previous Address \_\_\_\_\_  
Street and Number City State Zip Code

How Long Did You Resided There? \_\_\_\_\_  
Years Months

Home Number \_\_\_\_\_

Cell Number \_\_\_\_\_

Date you can start \_\_\_\_\_

Are you over the age 18? Yes ( ) No ( ) If no, employment is subject to verification that you are of minimum legal age.

Are you a citizen of the U.S.? Yes ( ) No ( ) If not, are you authorized to work in the U.S. Yes ( ) No ( )

If so, what type of authorization do you have? \_\_\_\_\_

What transportation would you use to and from work? Personal ( ) or Public ( ) \_\_\_\_\_

Do you have a valid operator's permit? Yes ( ) No ( ) \_\_\_\_\_  
State Date

Did you serve in U.S. ARMED FORCES? Yes ( ) No ( ) If yes, what branch \_\_\_\_\_ Type of discharge \_\_\_\_\_  
 Have you ever been convicted of, pled guilty, or no contest to a crime, excluding minor traffic violations? Yes ( ) No ( ) If Yes,  
 give details on each conviction: \_\_\_\_\_

Have you ever worked here before? Yes ( ) No ( ) If yes, when? \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Year Month

Can you operate a rider floor scrubber? Yes ( ) No ( ) If yes, how much experience? \_\_\_\_\_

Can you operate a propane buffer? Yes ( ) No ( ) If yes, how much experience? \_\_\_\_\_

Can you strip and wax tile floors? Yes ( ) No ( ) If yes, how much experience? \_\_\_\_\_

Can you work evenings? \_\_\_\_\_ If so, what hours? From \_\_\_\_\_ to \_\_\_\_\_

What days can you work? \_\_\_\_\_ Can you work weekends \_\_\_\_\_

Presently employed? \_\_\_\_\_ Where? \_\_\_\_\_

How long? \_\_\_\_\_ What days \_\_\_\_\_ What hours \_\_\_\_\_

Job description: \_\_\_\_\_

**LIST THREE REFERENCE, OTHER THAN RELATIVES, THAT HAVE KNOWN YOU FOR AT LEAST TWO YEARS:**

Name	Telephone Number	Years Known

**IN CASE OF ACCIDENT OR OTHER EMERGENCY WHOM SHOULD WE CONTACT?**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Number (HOME) \_\_\_\_\_ (BUSINESS) \_\_\_\_\_

Address \_\_\_\_\_  
 Street and Number City State

Place of work \_\_\_\_\_  
 Street and Number City State

**PREVIOUS WORK RECORD: (START WITH MOST RECENT EMPLOYER)**

1. Employer Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Job Descripton \_\_\_\_\_

Date of Employment \_\_\_\_\_ End Date \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

1. Employer Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Job Descripton \_\_\_\_\_

Date of Employment \_\_\_\_\_ End Date \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

I certify that the information contained in this application is correct to the best of my knowledge and understand that false or omission of this information is ground for dismissal. I authorize the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you. I agree to comply with the policies and directives of the company. I understand that this employment application and any other company documents are not promises of employment. I understand that my employment can be terminated with or without caused and with or without notice, at any time, at the option of either the company or myself. I understand that no manager or representative of the company, other than the president or owner, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANT: Do Not Write Below This Line**

**RECORD OF EMPLOYMENT**

Date Employed \_\_\_\_\_ Type of Employment \_\_\_\_\_

Basis of Pay \_\_\_\_\_

USED THIS SPACE FOR HISTORY, JOB ASSIGNMENTS, PAY CHANGES, ETC

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REASON FOR TERMINATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## APPLICANT CRIMINAL HISTORY RELEASE

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As part of the application procedure, I \_\_\_\_\_  
Do hereby give permission to the Application Department or Management Office of Wesley Janitorial Service, to access any records pertaining to me, which may be on file at the Police Department.

Current Address \_\_\_\_\_

Previous Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: Include a Copy of Social Security Number With Application