



Application for Employment

Today's Date: _____

Check One: Full-Time Part-Time

Full Name of Applicant (Print):

*Last**First**Middle Initial*

Social Security #:

Current Address:

*Number/Street/Apt. No.**City**State**Zip Code*

Telephone Number: _____

Hours Available

Please indicate the hours you are available for work each day. If you are available anytime, write ALL by that day. A reasonable effort will be made to accommodate the religious needs of our Associates.

	SUN	MON	TUES	WED	THURS	FRI	SAT
From:							
To:							

Do you have your own transportation? Yes No

Do you have a valid driver license? Yes No

Special Skills

Please indicate any special skills, professional licenses, or machines operated which relate to the job for which you are applying.

Citizenship Information

- Are you 18 years of age or older? Yes No
- Check One: Single Married Divorced Widowed
- Spouse's Name (if applicable) _____
- If hired can you submit documentation verifying your identity and legal right to work in the United States?
 Yes No



- Have you ever submitted an application with or been employed by Jan-Con Building Services before?
Yes No
- How were you referred to Jan-Con Building Services? _____
- Do you have relatives working for Jan-Con Building Services? Yes No
 - If yes, give name(s)

Employment Record - Starting from most recent

Dates	Name and Address of Employer	Position Held and Supervisor	Job Duties	Wages	Reason for Leaving
From: _____/_____/_____ Mo. Yr. To: _____/_____/_____ Mo. Yr.	Name: _____ Address: _____ Phone: _____	Your Job Title: _____ Supervisor: _____		Starting: _____ Final: _____	
From: _____/_____/_____ Mo. Yr. To: _____/_____/_____ Mo. Yr.	Name: _____ Address: _____ Phone: _____	Your Job Title: _____ Supervisor: _____		Starting: _____ Final: _____	
From: _____/_____/_____ Mo. Yr. To: _____/_____/_____ Mo. Yr.	Name: _____ Address: _____ Phone: _____	Your Job Title: _____ Supervisor: _____		Starting: _____ Final: _____	

Education

Type of School	Name and Location of School	Degrees/ Area of Study	Years Completed	Graduated (check one)
High School	Name _____ City _____ State _____ Zip _____			Yes No
College	Name _____ City _____ State _____ Zip _____			Yes No
Other	Name _____ City _____ State _____ Zip _____			Yes No



References

Please list the names of two individuals who have knowledge of your work ethic, experience, and ability. Do not include relatives.

Name: _____
Occupation: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____

Name: _____
Occupation: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____

Legal Standing: Have you ever been arrested and convicted for a criminal offense? Yes No
▪ If yes, what offense did you commit? _____
• Are you currently on probation or on parole? Yes No
▪ If yes, in what county? _____ and state? _____

Signature: _____

Date: _____