



DIRTBUSTERS JANITORIAL SERVICES, INC.

6433 US Route 60 East

Barboursville, WV 25504

304-733-2549

APPLICATION FOR EMPLOYMENT

DATE _____

NAME: _____

Last

First

Middle

Please list any other names you have used: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

Are you over 18? YES NO *If no, please list date of birth* _____

Month

Date

Year

CURRENT ADDRESS: _____

Number

Street

City

State

Zip Code

PHONE NUMBER: _____ OTHER PHONE _____

Are you legally eligible for employment in the United States? YES NO

Have you ever worked for DirtBusters Janitorial Services, Inc. before? YES NO

POSITION APPLYING FOR: _____

SALARY DESIRED: _____

How many hours can you work weekly? _____

Are you available to work: _____ Day shift _____ Evening Shift

EMPLOYMENT DESIRED: Full-Time Only Part-Time Only Full- Or Part-Time

When are you available to start work? _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

License Number _____ *Exp. Date* _____ *State of Issue* _____

What is your means of transportation to work? _____

Have you had any accidents during the past three years? YES NO *If yes, how many?* _____

Have you had any moving violations in the past three years? YES NO *If yes, how many?* _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

If yes, please explain the number of convictions(s), nature of the offense(s) leading to the conviction(s), how recently such offense(s) was/were committed, the sentence(s) imposed, and the type(s) of rehabilitation.

AVAILABILITY:

No Pref. _____ Thurs. _____

Mon. _____ Fri. _____

Tues. _____ Sat. _____

Wed. _____ Sun. _____

Type of School	Name of School	Location	Number of Years Completed	Major/Degree
High School/ GED				
College				
Business or Trade School				
Professional School				

MILITARY SERVICE RECORD

Have you ever served in the U.S. Armed Forces? YES NO

If yes, please complete the following:

Branch of Service: _____ From: _____ To: _____

Rank/Type of Service: _____

Special Training/Experience: _____

PERSONAL REFERENCES *Please list two references that are NOT relatives or previous employers.*

Name	Position	Company	Address	Telephone

WORK EXPERIENCE

Please list your work experience beginning with your most recent job held. If you were selfemployed, give the firm's name. Attach additional sheets if necessary.

Name of Employer:	Name of Last Supervisor	Employment Dates	Pay or Salary
Address of Employer (City, State, Zip)		From:	Start:
		To:	Final:
Phone Number	Your Last Job Title:		

May we contact this employer? YES NO

Name of Employer:	Name of Last Supervisor	Employment Dates	Pay or Salary
Address of Employer (City, State, Zip)		From:	Start:
		To:	Final:
Phone Number	Your Last Job Title:		

May we contact this employer? YES NO

Equal Opportunity Employer

DirtBusters Janitorial Services, Inc. is an equal opportunity employer and does not discriminate on the basis race, color, religion, national origin, age, disability, or history of disability, sex, status as a veteran, or other protected characteristic.

APPLICATION STATEMENT

(Please read this statement carefully before signing this application):

I understand that employment with DirtBusters Janitorial Services, Inc. (the Company) is at-will, meaning that I or the Company may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that my employment with the Company shall be probationary for a period of thirty (30) days, and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

I understand this application will be active for a period of six (6) months; after that time, if I wish to be considered for employment, I must submit a new application.

I certify that all the statements in this completed application are true and understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I authorize the investigation of all statements contained in this application. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

Signature of Applicant: _____

Date Signed: _____