

PROPERTY CARE, INC.

1060 Jadwin Avenue, #150 Richland WA
 Phone 509.943.8323 FAX 509.946.7957

Employment Application

APPLICANT INFORMATION			
Last Name		First	Middle
Address		City	State / Zip
Cell Phone		Home Phone	Birth Date
Email Address		Social Security No.	
Birth City & State		Date Available to Start?	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Either Days / Hours you CAN NOT work:			
Do you have any relatives and/or friends currently or previously employed by this company? YES <input type="checkbox"/> NO <input type="checkbox"/> List names / relationship(s) below:			
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?
Do you have your own transportation?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have a valid Drivers License? YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a felony?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain:

EDUCATION				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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JANITORIAL STAFF SHIFT INFORMATION

Days Full-Time Day Shifts are typically M-F 8 AM to 4:30 PM (1/2 hr lunch break)

Nights Full-Time Night Shifts are typically Sunday thru Thursday 6:00 PM to 2:30 AM (1/2 hr lunch break)

Part Time Shifts Vary