APPLICATION FOR EMPLOYMENT Panefully Clear Window Service, Inc.

| NAME: | | | | |
|--------------|-------------|--|---------------------------------------|--|
| | (last) | (first) | | (m.i.) |
| ADDRESS: | | (street) | | ······································ |
| • | | | | |
| | | (city, state, zip code) | | |
| PHONE NU | MBER: _ | Are yo | u 18 years or older? | Yes No |
| POSITION . | APPLIED F | OR: WINDOW CLEANER | | |
| Date you car | n start: | Desired Wa | age Per Hour: \$ | |
| Are you emp | oloyed now | Desired War Property of the Pr | re are you presently | employed? |
| | | EDUCATIO | N | |
| | | chool Years attended Did you | graduate? Subjec | _ |
| High School | : | | | |
| O . 11 | | | | |
| College: | | | | |
| Business, Tr | | nical School: | | |
| IIS military | service. | Rank: | e e | |
| | | National Guard or Reserve? | | |
| ē | | FORMER EMPLO | VFDS | |
| Date: (mo | nth & year) | Name, Phone # & City of Em | | Position |
| 1)from: | to: | | \$ | |
| 1.)110111 | | | Ψ | |
| | | , | | |
| 2.)from: | to: | | \$ | |
| | | | · · · · · · · · · · · · · · · · · · · | |
| 3.)from: | to: | | \$ | |
| | | | | |
| 1)from: | to• | · | \$ | |
| T. /II OIII. | | | Ψ | |
| | | | | |
| o.)from: | to: | | \$ | ···· |
| | | | | |

REFERENCES

| | Name | Phone # | Business | Relationship | Years known |
|---------------|-----------------------------|---|--|---|---|
| 1.) | | | | | |
| 2.) | | | | | |
| | | | | | |
| | | | | ······ | |
| • | | WIND | OW CLEANING I | EXPERIENCE | |
| Hav | ve you ever | worked as a window | cleaner?Yes | No If yes, when & wh | nere |
| Do | | perience using ladde | | If Yes, please explain | |
| —— Hav | e you ever i | received any safety to | raining?Yes | No If Yes, please expl | ain. |
| Has | your driver | 's license ever been : | suspended or revok | License # & State: red?YesNo | |
| perio Do y | ods of stand ou have any | CORD: Realizing thing, walking, lifting | nat window cleanin in excess of 50 lbs s that will limit you | | , demanding long hing. work of a window |
| f ye | s, what can | be done to accommo | odate your limitatio | ns? | |
| n ca | se of an em | ergency, notify: | | | |
| | | · · · · · · · · · · · · · · · · · · · | (name & phone numb | er) | |
| cert now | ify that the dedge. I un | facts contained in th | is application are to loyed, falsified stat | rue and complete to the b tements on this applicatio | est of my |
| | Signati | ıre: | | Date: | |