



*Wonder  
Janitorial  
Service Inc.*

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## PRE-EMPLOYMENT APPLICATION

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

Address \_\_\_\_\_ Phone No: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_ (answer only if under 18)

Which 2 major cross streets do you live near: \_\_\_\_\_ and \_\_\_\_\_

Do you have friends or relatives working at **Wonder Janitorial Service Inc.**?  YES  NO  
If Yes, list Name and relation \_\_\_\_\_

What kind of work are you applying for? \_\_\_\_\_

What kind of experience do you have? \_\_\_\_\_

Do you prefer part-time or full-time work? \_\_\_\_\_

What days are you available to work  Monday  Tuesday  Wednesday  Thursday  Friday

1. Are you available for Saturday Work?  Yes  No  Sometimes

2. Are you available for Sunday Work?  Yes  No  Sometimes

What time each day, are you available to work? \_\_\_\_\_

Are you on layoff or subject to recall from another job?  Yes  No If YES, please explain \_\_\_\_\_

**REFERENCE:** Name three persons other than relatives, former employers, etc.

1. \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

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### YOUR PRESENT EMPLOYMENT:

Present Employer \_\_\_\_\_ Hours you work \_\_\_\_\_

Address \_\_\_\_\_ Can we call you at work? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Your present rate \_\_\_\_\_

Date Started \_\_\_\_\_ Telephone \_\_\_\_\_ Your Supervisor \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

**YOUR PAST EMPLOYMENT RECORD:**

EMPLOYER NAME ADDRESS AND TELEPHONE	WHAT WAS YOUR JOB	YOUR PAYRATE	REASON FOR LEAVING	YOUR SUPERVISOR	DATE STARTED	DATE LEFT
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Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Telephone \_\_\_\_\_ Ext. \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Telephone \_\_\_\_\_ Ext. \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Telephone \_\_\_\_\_ Ext. \_\_\_\_\_

**MEDICAL RECORD**

**Do you have a prior history of physical disability, emotional or mental disability, seizure or other handicap that might limit your ability to perform janitorial work?**  Yes  No If YES, please explain \_\_\_\_\_

Have you ever been injured on any job?  Yes  No If YES, please explain \_\_\_\_\_

Have you ever applied for Workman's Compensation?  Yes  No If YES, please explain \_\_\_\_\_

Did you collect?  Yes  No  
 IF YES, How Long? \_\_\_\_\_ How Much? \_\_\_\_\_ Are you presently collecting?  Yes  No  
 Do you have any defects in **hearing?**  Yes  No In **vision?**  Yes  No In **speech?**  Yes  No

Does heat, standing on your feet, or lifting cause you any difficulties?  Yes  No  
 If YES, please explain \_\_\_\_\_

Have you ever been convicted of a misdemeanor other than a traffic violation?  Yes  No  
 If YES, explain fully \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If YES, explain fully \_\_\_\_\_

Have you ever been bonded?  Yes  No If YES, are you presently bonded?  Yes  No

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_ PHONE \_\_\_\_\_

I authorize investigation of all statements contained in this application. I hereby release employers, schools, or persons from all liability in responding to inquires in connection with this application and authorize the release of my prior personnel and medical records. I understand that misrepresentation or omission of facts called for is cause for dismissal.

Date \_\_\_\_\_

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

**An Equal Employment Opportunity Employer M/F**

**OFFICE USE ONLY**

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