



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

AHC Pressure Washing is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Applicant Information

Date: _____

Name: _____

Social Security #: _____ - _____ - _____

Address: _____

Phone #: _____ - _____ - _____

Cell #: _____ - _____ - _____

Email: _____

Years at current residence: _____ If less than 2 years, please list previous address below:

How were you referred to AHC Pressure Washing:

Employment Positions

Position you are applying for: _____

Are you applying for: _____ Full Time _____ Part Time

If hired, on what date can you start working? _____

Available to work: Days? _____ Evenings? _____ Overnight? _____
Weekends? _____

Are there any times or days that you cannot work?

Personal Information:

Have you ever applied to or worked for AHC Pressure Washing? _____

If yes, please explain:

Do you have any friends, relatives, or acquaintances working for AHC Pressure Washing? _____

If yes, state name and relationship: _____

If hired, do you have reliable transportation to/from work? _____

If hired, do you have a valid driver's license? _____

If yes, drivers license #: _____ State: _____

If hired, would you be able to present evidence of your U.S. citizenship or proof of you legal right to work in the United States? _____

If hired, are you willing to submit to and pass a controlled substance test? _____

See Attachment A for list of essential functions.

Are you able to perform the essential function of the job for which you are applying, either with or without reasonable accommodation? _____

If no, describe the functions that cannot be performed:

(Note: Company complies with the ADA and will consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Have you ever filed a workers compensation case (whether awarded or not) at any previous employer: _____

If yes, please list dates and details of each incident:

Have you ever been convicted of a criminal offense (felony or misdemeanor)? _____

If yes, please describe the crime – state nature of crime(s), when and where convicted and disposition of the case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training and Experience

High School: _____ Years Completed: _____

Address: _____ Graduated?: _____

_____ Degree/Diploma: _____

College: _____ Years Completed: _____

Address: _____ Graduated?: _____

_____ Degree/Diploma: _____

Military: _____ Branch: _____ Total Years of Service: _____

Date of Discharge: _____

Skills/duties: _____

Related details and discharge status:

Employment History

Are you currently employed: _____

If yes, may we contact your current employer? _____

If no, please explain why we cannot contact:

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. **Even if you attached a resume, this section must be completed.**

Name of Employer: _____ May we contact?: _____



Address: _____

Telephone Number: ____-____-____ Name of Supervisor: _____

Length of Employment (Include Dates): _____

Starting Pay: _____ Ending Pay: _____

Position and Duties:

Reason for Leaving:

Name of Employer: _____ May we contact?: _____

Address: _____

Telephone Number: ____-____-____ Name of Supervisor: _____

Length of Employment (Include Dates): _____

Starting Pay: _____ Ending Pay: _____

Position and Duties:

Reason for Leaving:

Name of Employer: _____ May we contact?: _____

Address: _____

Telephone Number: ____-____-____ Name of Supervisor: _____

Length of Employment (Include Dates): _____

Starting Pay: _____ Ending Pay: _____



Position and Duties:

Reason for Leaving:

References

Please list below three persons who have knowledge of your work performance within the last four years.

Name: _____ Phone Number: ____-____-_____

Address: _____

Occupation: _____ Years Acquainted: _____

Name: _____ Phone Number: ____-____-_____

Address: _____

Occupation: _____ Years Acquainted: _____

Name: _____ Phone Number: ____-____-_____

Address: _____

Occupation: _____ Years Acquainted: _____

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.



In connection with my application for employment, I authorize AHC Pressure Washing to solicit information about my background including, but not limited to, information about my employment, education, consumer credit history, workers' compensation claims history, driving record, criminal record and general public records history.

I authorize the procurement of an investigative consumer report. I understand that such an investigative consumer report may contain information about my background, my mode of living, character and personal reputation; and that I am entitled to be advised of the nature and scope of the investigation requested within a reasonable time after I request this information in writing.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons, corporation, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

I understand that nothing in this application, or in any prior or subsequent written or oral statement, creates a contract of employment or any rights in the nature of a contract. I agree and understand that if I am hired by the AHC PRESSURE WASHING Corporation (AHC PRESSURE WASHING), my employment will be at-will, for an indefinite period of time, and may be terminated at any time, with or without cause or notice, at the option of AHC PRESSURE WASHING or myself. I understand that I have the right to end my employment at any time and that AHC PRESSURE WASHING retains that same right. I also understand that no one has the authority to enter into any contract, agreement or modification of the foregoing unless such contract, agreement or modification is in writing and signed by the president of AHC PRESSURE WASHING.

Applicant's Signature: _____

Date: _____



(For office use only)

Date hired: _____

Pay rate: _____



Notification Form Regarding Background Screening (Consumer) Report

For employment purposes, we may obtain a consumer report and/or an investigative report about you.

The Fair Credit and Reporting Act give you specific rights. If we rely on the report for an adverse action, before taking adverse action, we will give you a pre-adverse action disclosure that includes a copy of the consumer/investigative report about you for employment purposes and authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agents, city, state, county and federal courts and agencies, military services and persons to release all information they may have about you. This authorization shall be valid in original or copy form.

Applicant's Name _____

Social Security Number _____

Date of Birth _____

Current Street Address _____

City, State, Zip Code _____

Telephone Number _____

Applicant's Signature _____

Date _____



Authorization to Obtain Credit Report

I understand that as part of AHC Pressure Washing's consideration of my application for employment or consideration for a job transfer or promotion, AHC Pressure Washing intends to use a credit report or a consumer report about me to evaluate my candidacy.

I hereby authorize AHC Pressure Washing to seek and obtain a consumer report and/or credit report about me from a consumer reporting agency.

Signature

Printed Name

Date

Attachment A
JOB DESCRIPTION: TECHNICIAN

ESSENTIAL FUNCTIONS:

- Frequent lifting of 40 pounds; occasionally up to 70 pounds
- Ability to stand on feet for long periods of time up to 8 hours
- Ability to safely and comfortably climb up and down a ladder frequently
- Ability to work comfortably in confined spaces for extended periods of up to 4 hours at a time
- Tolerate the use and contact with cleaning chemicals and fumes

QUALIFICATIONS:

- Flexible hours of availability, including evenings, nights and weekend hours
- Available to work on short notice, within 2 hours to a day
- Valid driver's license preferred
- Some mechanical ability preferred
- Basic communication skills, especially verbal; customer service experience preferred

JOB DUTIES

- Call in daily to office to receive schedule of work
- Complete an inspection, prepare equipment and cleaning chemicals and load vehicle for transport to job-site
- Communicate with on-site contact to confirm cleaning and any special issues contact may have
- Complete an inspection and take pictures of all areas to be cleaned prior to performing the job to ensure safety proper operation and thorough cleaning
- Perform all necessary cleaning tasks as specified in training and listed on the Maintenance Inspection report thoroughly and completely
- Complete an inspection and take pictures of all areas cleaned to ensure proper operation and thorough cleaning
- Complete and sign the Maintenance Inspection Report, including making note of any areas of concern, safety or need for repair or maintenance.
- Participate in on-going training on safety and customer service skills as required by the company
- Comply with all safety policies as outlined in employee training manual.