



1501 Washington St.
 Manitowoc, WI 54220
 gsa@guzmansjanitorial.com

Office 920-682-1313
 Fax 920-682-1317

POSITION FOR WHICH YOU ARE APPLYING:						New Employee <input type="checkbox"/>
						Reemploy <input type="checkbox"/>
Check all that you may be interested in: Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Job-Share: <input type="checkbox"/>						
What Hours are you Available for Employment: _____ am/pm to _____ am/pm _____ am/pm to _____ am/pm						
Last Name			First Name		Middle Initial	
Mailing Address			City		Social Security Number	
State	Zip	Cell Telephone No.	Home Telephone No.	Email address		Date of Birth
Driver's License #		State	Expiration Date	<input type="checkbox"/> Operators (Private Vehicle) <input type="checkbox"/>		License Class _____ Endorsement _____
Have you ever been convicted of a felony since your 18th birthday? If you answered yes, please complete the following: (Conviction is not an automatic bar to employment. Each case is considered on its individual merits). <i>Nature of Offense</i> <i>Name & Location of Court</i> <i>Date of Conviction</i>					(Inaccurate information here will result in disqualification.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any of your educational or employment records found under a different last name? If yes, please give the last name. <i>Previous Last Name</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked for a commercial cleaning company before: <i>Department/Division</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, are you authorized to work in the United States? For non-citizens, a copy of your authorization to work issued by the U.S. Immigration and Naturalization Service must be submitted, prior to appointment					<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are under 18 and we require work permit can you furnish one. If NOT please explain:					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been discharged or forced to resign from any position? If yes, please give employer, date and reason. <i>Employer</i> <i>Date and Reason</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to be on your feet for up to 8 hours, bend constantly, and lift up to 10 to 20 pounds constantly					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to lift up to 50 pounds on the regular basis?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
References					For Office Use Only: Date and Time Received	
Name		Telephone Number				



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EMPLOYMENT HISTORY

May we contact your present employer? YES NO

1	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)	
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<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
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Reason for Leaving

Title of Position Held	Number & Job Title of Employees you Supervised
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Describe job responsibilities in order of importance:

2	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)	
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<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
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Reason for Leaving

Title of Position Held	Number & Job Title of Employees you Supervised
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Describe job responsibilities in order of importance:



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3	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)	
<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer		Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Reason for Leaving				
Title of Position Held			Number & Job Title of Employees you Supervised	
Describe job responsibilities in order of importance:				

CONDITIONS OF EMPLOYMENT STATEMENT

Under penalties of perjury, I declare that my answers to the questions on this application and any necessary examinations and supplements are true and given to Guzman's Janitorial Service LLC the right to investigate all information given and to secure additional appropriate information if necessary. I understand that an investigative report may be made from information obtained through personal interviews with others. I understand that this inquiry may include information as to my personal characteristics, employment verification, credential verification, personal identity verifications, reference checks, criminal records, motor vehicle records, and appropriateness for employment. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment, together with all information regarding me, and hereby release from all liability or responsibility all persons, companies, or corporations furnishing such information in good faith

I understand that the completion of this application does not assure me of a position with Guzman's Janitorial Service LLC and does not obligate Guzman's Janitorial Service LLC to me in any way. **I further understand that any misrepresentation herein may cause my application to be rejected, my name to be removed from the eligible register and/or subject me to dismissal.** Candidates selected for hire must pass a physical and drug screen given in Random basis. I am aware that the results will be made available to the Human Resources Director or a duly authorized representative. Guzman's Janitorial Service LLC is committed to a drug free work place to protect the safety of workers and the public and will comply with the Federal Drug Free Work Place Act.

I understand that this application, exam documents and attachments become a part of Guzman's Janitorial Service LLC records and will not be returned, reused or copied for me once submitted. I am also aware that my application is subject to the Wisconsin open records law and may be released as a public document.

By my signature, I certify, authorize and acknowledge the above statements.

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Signature

Date

Social Security Number

(Unsigned applications will not be considered)