

PERSONAL REFERENCES : Give the name of three persons **NOT RELATED TO YOU**, whom you have known at least one year.

	NAME	ADDRESS & PHONE #	BUSINESS	YEARS ACQUAINTED
1.	_____			
2.	_____			
3.	_____			

IN CASE OF EMERGENCY, PLEASE NOTIFY: _____
 ADDRESS: _____ NAME _____ PHONE: _____

FORMER EMPLOYERS : LIST YOUR LAST 10 YEARS OF EMPLOYMENT, STARTING WITH PRESENT OR MOST RECENT.
 PAST EMPLOYMENT MAY BE VERIFIED.

DATE	NAME, ADDRESS & PHONE # OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			

STATEMENT : As a potential employee of Sanitech Building Maintenance, I understand I must have the following qualifications:

- | | | | |
|--------------------------|--------------------------|--|--------------------------|
| Yes | No | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CURRENT DRIVERS LICENSE | | LEGAL CITIZEN, LAWFUL RESIDENT, OR AUTHORIZED ALIEN | |
| <input type="checkbox"/> | <input type="checkbox"/> | | |
| GOOD DRIVING RECORD | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HAVE OWN VEHICLE | | ABLE TO PASS A DRUG TEST | |
| | | (Employees are required to pass an in-house drug test) | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LIABILITY AUTO INSURANCE | | *ABLE TO PHYSICALLY PERFORM JOB DUTIES | |

*All production positions, including supervisory positions, require regular and repetitive physical activities such as dusting, damp wiping, vacuuming, sweeping, dust mopping, damp mopping, emptying waste receptacles, etc., which require reaching, bending, squatting, kneeling, pushing, pulling, standing, walking, climbing, lifting up to 50 pounds, etc., and as such all production employees must be capable of performing these activities according to the time and quality standards set by Sanitech.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, or be terminated at any time without any previous notice.

SIGNED: _____ DATE: _____

THANK YOU!