



P.O. Box 270304 - Littleton, CO 80127
Phone: 303-518-3291 - - Fax: 303-558-4154

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer Colorado Pro Wash, LLC 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.

Please print and fill out all sections

APPLICANT INFORMATION

NAME: _____

PRESENT ADDRESS: _____

HOW LONG HAVE YOU LIVED AT PRESENT ADDRESS: _____

HOME PHONE NUMBER: _____ CELL NUMBER: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

NAME, ADDRESS AND PHONE NUMBER OF WHO TO CONTACT IN CASE OF EMERGENCY

DO YOU HAVE YOUR OWN TRANSPORTATION TO AND FROM WORK EACH DAY?: _____

DO YOU HAVE EXPERIENCE DRIVING A TRUCK WITH A TRAILER CONNECTED?: _____

DRIVERS LICENSE NUMBER: _____

HAVE YOU HAD ANY TRAFFIC VIOLATIONS IN THE PAST FIVE YEARS? _____

HAS YOUR LICENSE EVER BEEN SUSPENDED? IF YES, PLEASE STATE DATE OF SUSPENSION AND REASON FOR SUSPENSION: _____

DAYS AVAILABLE TO WORK:

Sunday ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___

POSITION APPLYING FOR: _____

ARE YOU APPLYING FOR?

- Temporary Work (Such as summer or Holiday Work)? YES ___ NO ___
- Regular Part-Time Work? YES ___ NO ___
- Regular Full-Time Work? YES ___ NO ___

WHAT DAYS AND HOURS ARE YOU AVAILABLE FOR WORK? _____

CAN YOU WORK ON THE WEEKENDS? YES ___ NO ___

CAN YOU WORK EVENINGS? YES ___ NO ___

CAN YOU WORK NIGHTS? YES ___ NO ___

ARE YOU AVAILABLE TO WORK OVERTIME? YES ___ NO ___

SALARY DESIRED: \$ _____

IF HIRED, ON WHAT DATE CAN YOU START WORKING? _____

ARE YOU AFRAID OF HEIGHTS? YES ___ NO ___

DO YOU KNOW HOW TO USE AN EXTENTION LADDER? YES ___ NO ___

HAVE YOU EVER WORKED FOR A PRESSURE WASHING, PARKING LOT STRIPING OR SNOW

REMOVAL COMPANY BEFORE? YES ___ NO ___

IF YES, PLEASE EXPLAIN (INCLUDE DATES OF EMPLOYMENT): _____

HAVE YOU OPERATED PRESSURE WASHING, PARKING LOT STRIPING OR SNOW REMOVAL EQUIPMENT BEFORE? YES ____ NO ____

IF YES, PLEASE CHECK THE SERVICES YOU FEEL YOU ARE CAPABLE OF PERFORMING.

____ Flat Work (Pressure Washing Concrete, Sidewalks, Walkways, and Store Fronts)

____ Gum Removal (Removing Gum off Sidewalks ***without*** damaging the concrete)

If this line is checked please explain to me your technique to remove gum:

____ Building or House Washing

____ Fleet Washing

____ HVAC Coil Cleaning

____ Window Cleaning with Squeegees

____ Parking Lot Striping

____ Hand Snow Shoveling

____ Snow Plow Operator for Truck or Heavy Equipment

____ NONE OF THE ABOVE, BUT I'M WILLING TO LEARN.

IF HIRED, ARE YOU WILLING TO SUBMIT TO AND PASS A CONTROLLED SUBSTANCE TEST? ____

IF HIRED, WOULD YOU BE ABLE TO PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP OR PROOF

OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES ____ NO ____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? IF SO, PLEASE STATE NATURE OF CRIME,

WHERE CRIME TOOK PLACE AND THE YEAR THE CRIME WAS COMMITTED: _____

EMPLOYMENT HISTORY

NAME, ADDRESS AND PHONE NUMBER OF PRESENT OR MOST RECENT EMPLOYER:

DATES OF EMPLOYMENT: _____

POSITION HELD: _____

SALARY: (Start) \$ _____ (Ending) \$ _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER?: YES _____ NO _____

NAME, ADDRESS AND PHONE NUMBER OF EMPLOYER:

DATES OF EMPLOYMENT: _____

POSITION HELD: _____

SALARY: (Start) \$ _____ (Ending) \$ _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER? YES _____ NO _____

EMPLOYMENT REFERENCES (Exclude relatives and friends)

NAME, ADDRESS AND PHONE NUMBER OF EMPLOYER REFERENCES:

- 1. _____
- 2. _____
- 3. _____

EDUCATION:

NAME AND ADDRESS OF HIGH SCHOOL ATTENDED:

Field of Study: _____ Did you graduate? _____

NAME AND ADDRESS OF COLLEGE ATTENDED:

Field of Study: _____ Did you graduate? _____

AUTHORIZATION:

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

DATE: _____ SIGNATURE: _____

INTERVIEWED BY: _____ DATE: _____