

Application Instructions

Welcome and thank you for your interest in employment opportunities with Advanced Window Cleaning Inc!

1. JOB HOTLINE

If you have not done so already please call our company job hotline at (805) 426-4662 to receive information regarding current available positions and any specific application requirements prior to filling out the enclosed application forms.

2. FILL OUT THE APPLICATION DOCUMENTS COMPLETELY AND PRINT

The following application package must be filled out completely to be considered for employment. Please note that we DO NOT except resumes as a substitute for this application. The application package is comprised of the following three documents:

Pre-Application Agreement – Outlines some preliminary company policies to inform potential candidates of what is expected of Advanced Window Cleaning Inc. employees. Please read this document, initial and sign where noted.

Application for Employment – Fill out completely and sign where noted. This document can be filled in using your computer.

Disclosure and Authorization to Obtain Information – This document provides authorization from you to complete a criminal background investigation. Fill out completely and sign where noted. This document can be filled in using your computer.

3. SUBMIT THE COMPLETED ABOVE THREE DOCUMENTS

For immediate review and the quickest response, we recommend faxing your completed application package to our office direct at (323) 205-9730. You may also mail or hand deliver your application package to the address noted above (note that this is only a mailing center and not our office – you may ask the staff of the mailing center to accept your application for us during business hours, but they have no information regarding employment opportunities with the company).

Once received, we will acknowledge receipt of completed application packages and provide notice of any further action.



dba Advanced Window Cleaning & Pressure Washing

4212 E. LOS ANGELES AVE., #3351
SIMI VALLEY, CALIFORNIA 93063

Ofc: (805) 277-0774

Fax: (323) 205-9730

Email: info@advwindowcleaning.com

<http://www.advwindowcleaning.com>

Pre-Application Agreement

All potential applicants seeking employment with ADVANCED WINDOW CLEANING INC. are required to review the following company policies and conditions of employment prior to entering into the application process. Please read carefully, initial each item, and sign below noting your complete understanding of said policies and conditions. Submit this form with your completed application package.

ADVANCED WINDOW CLEANING, INC. is a drug-free workplace. Drug testing is required as a condition of employment with our company. All new hires must complete drug testing as part of pre-employment orientation. Drug and/or alcohol use while on the job is grounds for immediate termination.

Initial _____

All applicants seeking employment with ADVANCED WINDOW CLEANING, INC. are required to submit to full background investigation; including criminal records, motor vehicle records and employment history. The attached DISCLOSURE and AUTHORIZATION TO OBTAIN INFORMATION form must be completed and included as part of all application submissions authorizing background investigations.

Initial _____

ADVANCED WINDOW CLEANING, INC. is a smoke-free workplace. We do not allow smoking or tobacco use while on company time. Smoking is prohibited on or within sight of company or client property, anywhere in client view, within or in sight of company vehicles, while wearing company uniform, and is strongly discouraged in personal vehicles on the way to work.

Initial _____

Employees are required to maintain a professional image and exercise acceptable levels of personal hygiene and grooming when at work as part of company dress code. Employees are required to come to work clean and bathed daily. Hair is to be kept cleanly groomed. Male employees are expected to shave daily and have any facial hair kept to a minimum and cleanly groomed. Employees are not allowed to wear facial body piercing jewelry while at work. Employees are required to arrive to work daily in a clean company uniform.

Initial _____

I have read the preceding company policies and conditions of employment. Prior to entering into the application process I have a clear understanding of what is expected of employees hired by ADVANCED WINDOW CLEANING, INC. and can agree to these conditions:

SIGNATURE

DATE

PRINT NAME

Application for Employment

Today's Date

Your Personal Information

Name _____
Last First Middle

Address _____
City State Zip Code

Home Telephone _____ Cellular Telephone _____

E-Mail Address _____

Preferred Method of Contact: Home Telephone Cell Phone E-Mail
 Other _____

Your Emergency Contact

In Case of Emergency, I Authorize You to Contact:

Name _____ Telephone Number _____

**ALL QUESTIONS MUST BE ANSWERED
STATE "N/A" IF QUESTION IS NOT APPLICABLE**

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Applications are received and employees are hired without regard to race, creed, color, sex, religion, age, national origin, marital status, physical or mental handicap, disability, sexual orientation, veteran's status, citizenship status, or any other protected classes under state, local or federal regulations. The receipt of this application does not mean that job openings exist and does not obligate Advanced Window Cleaning Inc. in any way. We appreciate your interest in our organization.

THIS IS A DRUG-FREE WORKPLACE

Tell Us About Yourself *(You must answer every question on this application. If a question does not apply, put "N/A". Please print.)*

What position are you applying for? _____

What is your salary expectation? \$ _____ When can you start work? (Date) _____

How were you referred to us? _____
(If you were referred by a person, please provide the name)

Are you available to work *(Check any that apply)* Full-time Part-time Temporary Weekends

Are there any days or times during the week that you are not available to work? Yes No

If yes, please list the days/times you are not available to work _____

If necessary, can you provide proof that you are over any minimum work age requirement? Yes No

Are you willing to work overtime? Yes No Do you have steady transportation to work? Yes No

Can you travel, if required? Yes No What percentage of time? _____

Are you on a layoff and subject to recall? Yes No May we contact your present employer? Yes No

How much time have you lost from work during the past 12 months? _____

Are you now, or do you expect to be, engaged in any other business or employment while working here? Yes No

If yes, please explain _____

Are you presently an officer, employee or employer of another business in our industry or with whom we compete? Yes No

If yes, please explain _____

Have you ever been terminated or asked to resign from a job? Yes No

If yes, please explain _____

Have you ever been refused bond? Yes No

Why do you desire to make a change? _____

Are you legally eligible to work in the United States? Yes No *(Proof of citizenship status/identity required upon hire)*

What three things are most important to you in a job? 1) _____ 2) _____ 3) _____

What three adjectives best describe you? 1) _____ 2) _____ 3) _____

What type of work do you most enjoy? _____

Why do you want to work here? _____

Tell Us About Your Special Skills and Qualifications

List any special skills, training, experience, certifications, or licenses that may be relevant to this position or our company _____

List any professional, trade, business, or civic activities or offices held that would relate to working here _____

List any languages other than English that you fluently speak, read, and/or write that would relate to working here _____

List software programs that you are proficient in _____

Your Educational Background

Schooling	Did You Graduate?	Years Completed	Degree Received and Major Subject	Name of School	Location
High School or GED	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Trade, Business or Correspondence	<input type="checkbox"/> Yes <input type="checkbox"/> No				
College	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Graduate School	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Tell Us About Your Driving Record (Necessary for positions that may require use of a personal or company vehicle for work)

Do you hold a valid Driver's License? Yes No If Yes, provide the state _____

Have you been convicted of any moving violation(s) in the last 3 years? Yes No

If yes, give date(s) and explanation of each _____

Tell Us About Your Past (Answering "yes" to any of these questions is not an automatic bar to employment)

Have you ever been disciplined or terminated from any job for an act of violence, harassment, discrimination, ethical breach or theft?

Yes No If yes, explain the circumstances, employer, and date _____

Have you ever been a defendant in a civil action for an intentional tort? (e.g. assault, battery, false imprisonment, infliction of emotional distress, tortious interference with a business relationship, defamation, invasion of privacy, fraud and misrepresentation, abuse of process and malicious prosecution or others.)

Yes No If yes, provide an explanation of the nature of the intentional tort, the date of the action, the location, and the disposition or outcome: _____

Do you currently have any criminal charges pending against you?

Yes No If yes, describe the details of the charge(s), the date(s) of the offense(s) (month and year), your age at the time of the offense(s), and the current status of the charge(s) _____

Are you currently wanted by any law enforcement agency?

Yes No If yes, what agency and for what act? _____

Tell Us About Any Records (Must be answered by all candidates.)

Have you ever been convicted of; received sentence for; pled nolo contendere (no contest) to; been placed on probation, fined or entered a pretrial intervention program for; or had adjudication withheld by any judicial or quasi-judicial body for a crime, other than a minor traffic violation? (Any criminal record not disclosed by you may be considered falsification of this application, which may result in revocation of your employment offer or termination of your employment. Answering "yes" to this question is not an automatic bar to employment.)

Yes No If yes, describe the details of the conviction or other disposition of the charge, the date of the offense (month and year), your age at the time of the offense, and your rehabilitation since the conviction and/or disposition of the offense.

Your Work History and Any Employment Gaps (Must be completed even when accompanied by resume)

List most recent or current job first. You must include any gaps in employment, with a full explanation and dates for the gap. You must also provide a complete work history.

Employer	Dates Employed		Summary of Work Performed and Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (City, State, Zip)			
	Phone: <i>(Include Area Code)</i>		
Job Title	Hourly Rate, Weekly Salary or Other Weekly Earnings		
	Starting	Final	
State Reason			Supervisor's Name
Resigned <input type="checkbox"/> OR Terminated <input type="checkbox"/>			

Employer	Dates Employed		Summary of Work Performed and Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (City, State, Zip)			
	Phone: <i>(Include Area Code)</i>		
Job Title	Hourly Rate, Weekly Salary or Other Weekly Earnings		
	Starting	Final	
State Reason			Supervisor's Name
Resigned <input type="checkbox"/> OR Terminated <input type="checkbox"/>			

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	Phone: <i>(Include Area Code)</i>		
Job Title	Hourly Rate, Weekly Salary or Other Weekly Earnings		
	Starting	Final	
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Resigned <input type="checkbox"/> OR Terminated <input type="checkbox"/>			

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Address (City, State, Zip)			
	Phone: <i>(Include Area Code)</i>		
Job Title	Hourly Rate, Weekly Salary or Other Weekly Earnings		
	Starting	Final	
State Reason			Supervisor's Name
Resigned <input type="checkbox"/> OR Terminated <input type="checkbox"/>			

Your Military Service

Branch of Service _____

Rank at discharge, if applicable _____

List duties and special training and/or skills _____

Agreement and Release

For the purpose of this agreement and release, Advanced Window Cleaning Inc., is referred to as "the company," "this company," or "you". The facts set forth above in my application for employment are true and complete. I understand that false statements or omission of information on this application (even if discovered after employment) or any other employment form may lead to dismissal or denial of employment. You are hereby authorized to make any investigation of my personal history, employment history, criminal, and motor vehicle records through any investigative or credit agencies or bureaus. A criminal record or sentence is not an automatic disqualification for employment. I agree to submit to any drug or alcohol testing prior to or after employment, and I agree to submit to a medical evaluation, if required.

In exchange for the consideration of my employment application by this company, I hereby release and forever discharge this company (including its directors, officers, employees, and agents) and my past and/or present employers (including their directors, officers, employees, and agents) from any liabilities which may result from an investigation of my past and/or present employment or from the disclosure of such information. I authorize the use of any information in this application to verify my statements, and I authorize past employers, doctors, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record.

I understand that if my application is accepted that employment with this company at all times is employment "at will." It is further understood that this "at will" relationship may not be changed by any written document, verbal statements, or by conduct unless an authorized executive of this company specifically acknowledges such change. I further understand that my "at will" employment may be terminated at any time by this company or myself and includes no guarantee, contract, or promise of employment for any specific length of time. I understand that the first 90 days of employment is a new-hire introductory period.

I have read, understand, and my signature consent to these statements.

Signature of Applicant _____ **Date** _____

DISCLOSURE and AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with **Advanced Window Cleaning, Inc.**, (herein "Company") or if employed, I understand that prior to or at any time after my employment commences a consumer report may be requested for employment purposes from **InfoLink Screening Services, Inc.**, (herein: "InfoLink") from public records including; but not limited to, Social Security number, motor vehicle operation history/driving records, workers' compensation information and criminal history to the extent permitted by law from various local, state, and federal agencies. Further, I understand that an Experian Employment Insight Report, Trans Union Employment Credit Report or Equifax Persona report may be requested. Finally, I understand that an Investigative Consumer Report may be requested and, as required under §606(a)(1) of the federal Fair Credit Reporting Act (FCRA), 15 U.S.C. §1681 et seq., I understand that this Report will include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, experience, along with reasons for termination of past employment, whichever are applicable, obtained through personal interviews with associates who have knowledge concerning such items of information.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR, COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING, ADMINISTRATOR, LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY, CREDIT BUREAU, PRIVATE BUSINESS, MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER, PERSONAL REFERENCE, AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION), CREDIT HISTORY, CREDIT CAPACITY, OR CREDIT STANDING OR ANY OTHER INFORMATION REQUESTED BY INFOLINK DEEMED PERTINENT TO MY EMPLOYMENT.

In accordance with the FCRA and applicable state laws, I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Reporting Agency. If so, I will be so advised in writing and be given the name, address and toll free number of the agency, a statement that the action was based in whole or in part on information contained in the Report, and written notice that I have the right (i) if I request, to obtain within sixty days a free copy of the Report from the Reporting Agency (under no circumstances shall such cost exceed the actual costs of duplication), and from any other Consumer Reporting Agency which compiles and maintains files on consumers on a nationwide basis; and, (ii) to dispute the accuracy or completeness of any information in a consumer report furnished by the Reporting Agency. I understand that upon my request with reasonable notice and after furnishing proper identification, InfoLink's trained personnel will provide me with investigative information in my file during normal business hours in person or upon written request, by certified mail to a specified addressee, or telephone as permitted by law. Further, I understand that should I wish to review my file in person; I am permitted to be accompanied by one other person of my choosing who shall furnish reasonable identification and if requested, InfoLink will provide a written explanation of any coded information contained in my file. I understand that InfoLink is a Consumer Reporting Agency and it is InfoLink's policy to not be involved in or make hiring decisions or recommendation.

InfoLink's privacy policy limits the information it provides to the Company named herein, however I hereby authorize the Company to share such information with parties in interest who have a "need to know" such information to protect them and their employees. InfoLink does not sell or otherwise provide any of the information found in its background investigations to any other party other than the Company.

I understand that any consumer report or investigative consumer report requested will be used strictly for employment purposes as defined under §603(h) and authorized under §604(a)(3)(B) of the Fair Credit Reporting Act, as a report to be used for the purpose of evaluation for employment, promotion, reassignment or retention as an employee. I further understand and consent to the furnishing of workers' compensation information, after a conditional job offer, which may include my medical information including any and all injuries pursuant to state law and in compliance with the Federal Americans with Disabilities Act. In addition, I understand that any offer of employment, promotion, reassignment or retention will be conditional upon the receipt of satisfactory information as required by the Company, and that to be considered for employment, promotion, reassignment or retention, I must authorize the procurement of such report(s). A photographic or faxed copy of this form shall be as valid as the original.

The following must be filled out completely and signed for your application to be considered
(Please print)

LAST NAME _____ FIRST NAME _____ MIDDLE NAME/INITIAL _____

HOME ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE NUMBER or STATE ID # _____ STATE ISSUED _____ E-MAIL ADDRESS _____

FOR IDENTIFICATION PURPOSES, PLEASE PROVIDE: FULL DATE OF BIRTH _____

HAVE YOU USED ANY NAMES OR SOCIAL SECURITY NUMBERS OTHER THAN ABOVE? Yes No

Please List Other Names Used _____ Please List Other SS Number Used _____

(Please sign)

Signature Authorizing the Procurement of the Consumer Report and/or Investigative Consumer Report

TODAY'S DATE

I understand that in California, Minnesota, or Oklahoma if a Consumer Report/Investigative Consumer Report (including any Credit Report) was requested, I may order a copy of such report and it will be mailed to me: Yes, please send me a copy of my Report



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(SVC852C)