

# Employment Application to Joe's Building Services



## Personal Information

|   |                            |
|---|----------------------------|
| First Name:   | Last Name:                 |
| Phone Number:   | Email Address:             |
| Residential Address:  |                            |
| City:   | Zip:                       |
| Social Security Number:   | Tax Identification Number: |
| Do you have 1099 experience? <input type="checkbox"/> Yes <input type="checkbox"/> No                                     |                            |
| English Proficiency: <input type="checkbox"/> Fluent <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic |                            |

## Employment Details

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Date available to Start:   |  |  |  |  |  |  |  |
| Have you previously worked with us? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |  |  |  |  |
| What is your availability? Please list the times you are able to start and end working:      |  |  |  |  |  |  |  |
|  | Monday   | Tuesday  | Wednesday  | Thursday   | Friday   | Saturday   | Sunday   |
| Start Time   | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | <input type="checkbox"/> AM<br><input type="checkbox"/> PM |
| End Time   | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | <input type="checkbox"/> AM<br><input type="checkbox"/> PM |

## Experience and Capabilities

|   |
|---|
| What is your experience in cleaning? <input type="checkbox"/> None <input type="checkbox"/> Residential <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Turnover/Vacant <input type="checkbox"/> Common Area/Maintenance <input type="checkbox"/> Post Construction        |
| In your opinion, is it better to... <input type="checkbox"/> Do work that's perfect but late <input type="checkbox"/> Or good and on time   |
| Are you able to bring your own lunch, snacks, and beverages to work? <input type="checkbox"/> Yes <input type="checkbox"/> No               |

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## Experience and Capabilities (Continued)

|  |                              |                             |                                   |
|--|------------------------------|-----------------------------|-----------------------------------|
| Do you work well within a team environment?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Somewhat |
| Please provide any additional information you believe is relevant. |                              |                             |                                   |

## Additional Responsibilities (Optional)

**Note:** This section is not required. If you would like to be considered for additional responsibilities and potentially earn more, please complete the following questions.

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Would you like to be considered to be a driver?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Would you able to pick up and drop off your team throughout the week?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a secure place to store cleaning equipment you will use daily, to take to and from each job?<br>Such as vacuums, mops, brooms, and other daily supplies. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a reliable vehicle?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you possess a valid driver's license?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have insurance coverage?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have experience driving in the DC/VA/MD area?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you familiar with operating an EZ Pass Transponder?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Do you have any questions for us about the role or the company?

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