



Accountable Custodial & Maintenance, Inc. – Employment Application

APPLICANT INFORMATION

FULL NAME: _____ DATE: _____
 Last First M.I.

ADDRESS: _____
 Street Address Apt/Unit #

 City State Zip Code

CELL PHONE: _____ EMAIL: _____

POSITION APPLYING FOR: (check position(s) below)

- CUSTODIAN
- NEW CONSTRUCTION CLEANER
- MANAGEMENT
- HOUSE CLEANER
- WINDOW BLIND INSTALLER
- CREW SUPERVISOR / LEAD
- ESTIMATING / SALES
- ADMINISTRATIVE

Please Check One (hours below are not guaranteed)

PART TIME: 0-16 HOURS (PER WEEK) _____

PART TIME: 16-32 HOURS (PER WEEK) _____

FULL TIME: 40 HOURS (PER WEEK) _____

WEEKENDS ONLY _____

ARE YOU WILLING TO WORK OVERTIME?

YES NO

TELL US ABOUT YOU: (please answer ALL question)

- ARE YOU A U.S. CITIZEN? YES NO
- ARE YOU AUTHORIZED TO WORK IN THE U.S.? YES NO

DO YOU HAVE A CURRENT DRIVER'S LICENSE?

YES

NO

ARE YOU FAMILIAR WITH E-VERIFY?

YES

NO

ARE YOU WILLING TO TAKE A DRUG TEST?

YES

NO

STATE & D.L. #

HAVE YOU EVER BEEN IN THE UNION?

YES

NO

IF YES, WHICH TYPE AND LOCAL? _____

HAVE YOU BEEN CONVICTED OF A FELONY?

YES

NO

IF YES, PLEASE EXPLAIN: _____

HAVE YOU BEEN CONVICTED OF A DUI?

YES

NO

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN IN THE MILITARY?

YES

NO

RETIRED?

YES

NO

IF YES, WHICH BRANCH AND RANK? _____

EDUCATION/TRAINING/CERTIFICATIONS

DO YOU HAVE A H.S. DIPLOMA OR G.E.D.?

YES

NO

IF YES, PLEASE PROVIDE THE NAME OF THE SCHOOL: _____

DO YOU HAVE A COLLEGE DEGREE?

YES

NO

IF YES, PLEASE PROVIDE THE NAME OF THE SCHOOL & TYPE OF DEGREE:

HAVE YOU RECEIVED SPECIAL TRAINING?

YES

NO

IF YES, PLEASE PROVIDE THE NAME OF THE SCHOOL & TYPE OF TRAINING:

DO YOU HAVE ANY CERTIFICATIONS?

IF YES, PLEASE LIST THEM (attach a copy to this application if available):

_____ EXPIRATION DATE: _____

_____ EXPIRATION DATE: _____

_____ EXPIRATION DATE: _____

PROFESSIONAL REFERENCES

(during the last three years)

COMPANY NAME: _____ DATE: _____

ADDRESS: _____

Street Address

Apt/Unit #

City

State

Zip Code

PHONE: _____ EMAIL: _____

CONTACT NAME: _____ DATE: _____

Last

First

M.I.

COMPANY NAME: _____ DATE: _____

ADDRESS: _____

Street Address

Apt/Unit #

City

State

Zip Code

PHONE: _____ EMAIL: _____

CONTACT NAME: _____ DATE: _____
Last First M.I.

COMPANY NAME: _____ DATE: _____

ADDRESS: _____
Street Address Apt/Unit #

City State Zip Code

PHONE: _____ EMAIL: _____

CONTACT NAME: _____ DATE: _____
Last First M.I.

PERSONAL REFERENCES

(during the last three years)

NAME: _____
Last First

PHONE: _____ EMAIL: _____

RELATION: _____

NAME: _____
Last First

PHONE: _____ EMAIL: _____

RELATION: _____

NAME: _____
Last First

PHONE: _____ EMAIL: _____

RELATION: _____

IMPORTANT

Once your application is complete, please scan & email (with your resume) to admin@accountablecm.com
If you do not have a scanner, please fax to 360-874-6999, please email info@accountablecm.com to verify that your fax
was received by us. Your Social Security Number will be required once you are selected and start work.