

2024 SUBCONTRACTOR 1099 APPLICATION

Kiss My Glass Cleaning Service LLC Licensed & Insured Prescott, Arizona

Contact Information: 928-899-9883 kissmyglasscleaningservice@gmail.com

Ρ	ositio	on A	ppli	ed f	for:
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Personal Information:						
Full Name:						
Address:						
 City:	State:	Zip Code:				
Phone Number:						
Email:						
Are you legally eligible to	work in the Uı	nited States? [] Yes [] No				
If hired, can you provide p States? [] Yes [] No	proof of eligibi	ility to work in the United				
If hired, can you pass a dru	ug test? [] Yes	5 [] No				
Have you ever been convi [] Yes [] No	icted of any cr	rimes or felonies?				
Are you a registered sex o	ffender? [] Ye	es [] No				
Have you ever been convi	icted of a felo	ny? [] Yes [] No				
If yes, please explain:						

Do you have a valid driver's license? [] Yes [] No

Do you have reliable transportation? [] Yes [] No

Skills and Qualifications: Please list any relevant skills, certifications, or qualifications that make you suitable for the position:

References: Please pr	ovide the names and contact information of at lea
two professional refe	
Reference 1: Name:	
Relationship:	Phone Number:
Email:	
Reference 2: Name:	
	Phone Number:
Relationship:	

statements or omissions may result in disqualification from this subcontractor position at any given time.

Signature: _	Date:
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Thank you for your interest in joining Kiss My Glass Cleaning Service LLC. We appreciate your time and consideration.