



See Application Below (scroll down)

Please Print This Entire Application First and then fill it out.

Once complete you can fax or e-mail the application to us Fax **914-592-6928**

**APPLICATION FOR EMPLOYMENT: SUBCONTRACT, SALE MANAGER, and JANTORIAL SERVICES.**

It is our policy to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap or veteran status.

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Social Security # \_\_\_\_\_

Position applied for \_\_\_\_\_

How did you hear of this opening \_\_\_\_\_

When can you start? \_\_\_\_\_ Desired Wage \$ \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis [ ]Yes [ ]No

Are you looking for full time employment [ ]Yes [ ]No If not what hours are you available? \_\_\_\_\_

Are you willing to work swing shift? [ ]Yes [ ]No

Are you willing to work graveyard shift? [ ]Yes [ ]No

Have you ever been convicted of a felony? [ ]Yes [ ]No

If yes, please fully describe the circumstances \*(See not below)

\_\_\_\_\_

Education: School Name, Location, year graduated and Major Degree:

High School \_\_\_\_\_

College \_\_\_\_\_

Other \_\_\_\_\_

In addition to your work history, are there any other skills, qualifications or experience we should consider?

(PLEASE PRINT)

Service Location \_\_\_Nationwide \_\_\_West \_\_\_South-West \_\_\_Mid-West \_\_\_East \_\_\_Mid-Atlantic \_\_\_South  
\_\_\_International

Other Information What unique products or services do you offer that differentiates you from your competition? Also, note any additional information of which DALCARE should be aware.

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**Company Name: Employment History: Start with most recent employer**

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Supervisor Phone Number \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Company Name:**

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ May we contact [ ] Yes [ ] No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Company Name:**

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_



I certify that all of the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

DALCARE maintains a zero tolerance policy for drug use and alcohol use in the workplace. DALCARE BUILDING SERVICES maintains employee code of conduct s requirements, confidentiality agreement. I understand that violation of these agreements may result in disciplinary action up to and including termination. I understand that my employment with DALCARE is contingent on passing a high security background check

**If you do not understand any part of this section, please ask questions before signing.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Hire Date \_\_\_\_\_ Location \_\_\_\_\_