



WINDOWMASTERS, INC.

WINDOW CLEANING

REFERENCES

Name:	Occupation:
Address:	Relationship:
Phone Number:	Years Known:
Name:	Occupation:
Address:	Relationship:
Phone Number:	Years Known:
Name:	Occupation:
Address:	Relationship:
Phone Number:	Years Known:

PHYSICAL RECORD

Do you have any Physical disabilities that prevent you from performing the work for which you are applying? If so, describe:	
Have you ever been injured?	Provide Details:
In Case of emergency notify:	Name: Address: Phone:

ADDITIONAL AREAS OF EXPERTISE

Areas of specialized study, research or additional experience:	
List the foreign languages you speak fluently:	Read: Write:

ADDITIONAL INFORMATION

Have you ever been convicted of a felony? If yes, please explain.	
U. S. Military Service:	Rank Present Membership in National Guard or Reserves:
If required can you provide a valid drivers license?	If required can you provide a clean driving history from DMV?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

FOR INTERNAL USE ONLY

Interviewer:	Date:
Comments:	