Blue Stripes Property Management Inc
108 Grant Avenue, Plainfield, NJ 07060
Phone: (908) 548-8442 Fax: (908) 548-8396
www.BlueStripesUS.com

Employment Application Form

Applicant Name

First Name Middle Name Last Name

Contact Information

Address **City** **State** **Zip Code**

Home Phone **Mobile Phone** **Email Address**

Personal Information

Date of Birth **Place of Birth** **Country of Citizenship**

Social Security Number

Legal Status (check one of the following)

- ◯ **A citizen or national of the United States**
- ◯ **A lawful Permanent Resident** ***Alien #***
- ◯ **An alien authorized to work until** ***Date of work Visa expiration***

Employment History *(Present to Last)*

From: Employer: Position:

To: Reason for Leaving: Pay:

From: Employer: Position:

To: Reason for Leaving: Pay:

From: Employer: Position:

To: Reason for Leaving: Pay:

Experience (*Select or Check one*)

	Yes	No
Do you have past or present experience in cleaning?	◯	◯

If yes, then , how many years?

Do you know how to:	Yes	No
Vacuum carpet	◯	◯
Vacuum wood Ffoor	◯	◯
Dust furnishings	◯	◯
Spot clean windows	◯	◯
Wash windows using a scrubber & a squeeze	◯	◯
Dust mop floors	◯	◯
Wet mop floors	◯	◯
Flood mop floors	◯	◯
Clean carpets using hot water extraction	◯	◯
Spray buff VCT floors	◯	◯
Strip and wax VCT floors	◯	◯
Scrub hard surface floors	◯	◯
Clean toilets, sinks, toilet fixtures, mirrors	◯	◯
Wash bathroom ceramic tile walls	◯	◯
Spot and stain treat carpets	◯	◯
Do you have a Black seal low pressure Boiler License?	◯	◯
Do you have maintenance experience?	◯	◯

List all Certificates you have

Explain specialty experience you have

Driving Experience

Do you presently drive a vehicle?	◯	◯

If yes, then how any years have you been driving?

License Number ☐

State

Criminal History (NOTE. New Jersey Ban The Box' law prohibits Employers from asking this information at time of initial application. Do not fill this section. You will be required to fill this section at the time of interview)

Apart from traffic violations have you ever been convicted of a crime in a Court of law? Yes ◯ No ◯

Note: Do not sign here until date of interview

Signature: _____Date of Interview: _____

If yes, please describe below:

In order to consider you for employment and placement at our job sites you will be required to submit your fingerprints, to MorphoTrak. A thorough background check will be conducted by the NJ State Police upon receipt of your fingerprints

(Initial Application Signature Required)

I Agree: **I disagree:**

I state that a information provided by me above is true and correct to the best of my knowledge, and that if any of the above information is knowingly false, than I will be subject to any and all legal actions available under the Laws of New Jersey

Initial Application Signature **Date of Initial Application**

References

Name:

Address:

Phone:

Name:

Address:

Phone:

Name:

Address:

Phone:

Emergency Contact Name: **Phone:**

When can you start? (month/day/year) **Availibility:** **Part-Time** ☐ **Full-Time** ☐

Interviewed By: _____ Date of Interview: _____ **Time Availability:** **Day** ☐ **Evening** ☐ **Night** ☐

Title: _____