

14 S Burnt Mill Rd, Voorhees, NJ 08043 Phone: 856-541-7241 Fax: 856-541-7243

# **EMPLOYMENT APPLICATION**

PLEASE PRINT OR TYPE			Date:		
First Name		Last N	lame	Preferred Name/Nickname	
Street Address	Apt#	City	State	Zip Code	
Home/Cell Phone	Email Address		Date of Birth	Social Security Number	
PLEASE PLACE A CHECK BY YOU	R RESPONSE (	OR PROVIDE THE	APPROPRIATE INFOR	MATION	
Are you interested in:		1	Full Time Pa	art Time Temporary	
What schedule would you prefer?	What schedule would you prefer? Weekdays Weekends Evenings Nights				
Desired Pay: Hou	rly Pay\$_	Dat	te available:		
What local area do you prefer to work? Position desired:					
PLEASE CHECK YES OR NO TO THE	FOLLOWING:				
Have you ever worked for ICCG, I If yes, when?	nc.?		Yes	No	
Are you under 18 years of age?			Yes	No	
Are you authorized to work in the United States?  Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. ICCG, Inc. will verify the status of every individual offered employment with the Company					
If yes, can you furnish a work per	mit?		Yes	No	
Are you capable of performing the essential functions of the job for Yes No which you are applying with or without a reasonable accommodation?				No	

## PREVIOUS EMPLOYMENT (MOST RECENT JOB FIRST)

1	Company Name		Your Position & Title				
From	Street Address		Supervisor's Name, Title & Position				
//							
Month Year	City	State	Zip Code	Suponvi	sor's Phone Number		
	City	State	Zip Code	Supervis	sor's Phone Number		
	Ty pe of Business	-1	Starting Pay		Final Pay		
То	Phone Number		Termination		Reason		
Month / Vacr			Voluntary				
Month Year	Brief ly describe you	ur MAJOR duties and F	Involuntary REASON(S) FOR TER	y MINATION			
2	Company Name			Your Po	sition & Title		
2							
From	Street Address			Superv is	sor's Name, Title & Position		
Month Year							
	City	State	Zip Code	Supervi	sor's Phone Number		
	Type of Business	1	Starting Pay	u e	Final Pay		
			\$		\$		
To /	Phone Number		Termination Voluntary		Reason		
Month Year			Involuntary				
	Briefly describe yo	ur MAJOR duties and I	REASON(S) FOR TER				
•	Company Name			Your Po	sition & Title		
3							
From	Street Address			Superv is	sor's Name, Title & Position		
Month Year							
	City	State	Zip Code	Superv is	sor's Phone Number		
	Type of Business		Starting Pay		Final Pay		
			\$		\$		
To /	Phone Number Termination Voluntary		Reason				
Month Year	Involuntary			y			
	Briefly describe your MAJOR duties and REASON(S) FOR TERMINATION						
	•						
4	Company Name			Your Po	sition & Title		
From /	Street Address			Supervi	sor's Name, Title & Position		
Month Year							
	City	State	Zip Code	Superv is	sor's Phone Number		
	Type of Business		Starting Pay		Final Pay		
То	Phone Number		Termination		Reason		
/	7 Hono Humbon	Voluntary					
Month Year	Involuntary    Driefly describe years MA IOD duties and DEASON(S) FOR TERMINATION						
	Briefly describe your MAJOR duties and REASON(S) FOR TERMINATION						
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#### **EDUCATION:**

Name and Address of School	Major	Graduate?	Type of Degree or Diploma
High School or Prep			
College			
Other			

#### **MILITARY SERVICE**

Branch	Type of Discharge	Rank at Discharge	Dates of Service	
			From	То

### REFERENCES: Please list three (3) professional references

Name	Relationship	Company	Phone Number

#### PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

References: I hereby authorize ICCG, Inc. and its agents to make such investigations and inquiries into my employment and educational history and other related matters as maybe necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form.

Temporary/Contract Employment: If employed as a temporary/contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

SIGNED:	DATE:

Please email the completed form to <a href="mailto:Operations@iccgrpinc.com">Operations@iccgrpinc.com</a> or fax to 856-541-7243. Once reviewed, we will be in contact with you about next steps.

Thank you for your interest in Industrial Commercial Cleaning Group, Inc.