

Hocking Hills Services

Sub Contractor Application

Applicant Name: _____ Phone _____

Current Address: _____ Email Address _____

How long at current address? _____ Today's Date _____

Have you ever been employed with Hocking Hills Services in the past? Yes ___ No ___

Do you have a valid driver's license? Yes ___ No ___ Your own vehicle? Yes ___ No ___

Are you currently working for others performing cleaning services for pay? Yes ___ No ___

If yes, please explain _____

Work Experience: Are you currently working? Yes ___ No ___ Are you over 18? Yes ___ No ___

Previous Work Experience: Can we check these references? ___ yes ___ no ___

From _____ To _____ Job Title _____ Phone _____

Employer _____ Hourly Rate _____

Address: _____ Supervisor's name? _____

Nature of the work responsibilities? _____

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