

# The Solar Cleaners

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## Employment Application (Please Print)

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

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

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## Personal Information

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Position applying for: Solar Panel Cleaner  
\_\_\_\_\_

Type of work applying for: Full-Time Part-Time Temporary

Days and hours you are available for work:

Date available to start work:

How did you hear about this job opening: \_\_\_\_\_

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Have you ever applied to or worked for The Solar Cleaners before? Yes No

If yes, state dates and position:

Are you at least 18 years old? (If under 18, hire is subject to minimum legal age verification) Yes No

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation(s)? Yes No

If no, please describe the functions that cannot be performed:  
\_\_\_\_\_  
\_\_\_\_\_

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(Note: The Solar Cleaner, Inc. complies with the ADA and considers reasonable accommodation(s) that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

The Solar Cleaners. may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

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## Education, Training and Experience

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School Name & Address	Degree/Diploma	Did you graduate?		No. of Years Completed
_____	_____	Yes	No	_____
_____	_____	Yes	No	_____
_____	_____	Yes	No	_____
_____	_____	Yes	No	_____

If applicable, are you licensed or certified for the job you are applying for? Yes    No

License/Certification	License/Certification No.	Issuing State
_____	_____	_____
_____	_____	_____

Has your license(s)/certification(s) ever been revoked or suspended? Yes    No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement:

\_\_\_\_\_

Do you have any other experience, training, qualifications or skills that you feel make you especially suited for this position? If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

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## Employment History

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List below all present and past employment starting with your most recent employer (last 10 years is sufficient). You must complete this section even if attaching a resume.

Name of Employer: \_\_\_\_\_ Supervisor Name:

Address:

Telephone Number: \_\_\_\_\_ Dates of Employment (Month/Year): \_\_\_\_\_  
Position & Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ May we Contact Employer: Yes No

Name of Employer: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Dates of Employment (Month/Year): \_\_\_\_\_  
Position & Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ May we Contact Employer: Yes No

Name of Employer: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Dates of Employment (Month/Year): \_\_\_\_\_  
Position & Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ May we Contact Employer: Yes No

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## References

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List below three persons not related to you who have knowledge of your work performance within the last 3 years.

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ No. of Years Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ No. of Years Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ No. of Years Acquainted: \_\_\_\_\_

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## Applicant Statement

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