Shiny Window Cleaning Background Check Form

All information will be kept strictly confidential.

Name _____
First Middle Last

Address _____
Street City State Zip

Maiden Name or Other Names Used _____

Date of Birth _____

Social Security # _____

Drivers License #_____

Have you been arrested or convicted for a criminal offense excluding minor traffic violations? _____

Have you ever been accused, arrested or convicted of abuse or sexually related crimes? _____

Is there anything in your life-style or background that would call into question your ability? _____

Have you ever filed for workers comp?_____

If you answered yes to any of these questions, please explain:

_____

_____

_____

_____

Please note: answering "yes" to any of these questions does not automatically disqualify you. Please use the spaces provided to explain the circumstances.

I hereby authorize **Shiny Window Cleaning** to make an independent investigation of my background and criminal or police records. I release **Shiny Window Cleaning**, and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above sources. The information contained in this application is correct to the best of my knowledge. I understand that any omission of material fact on this application may be grounds for rejection of this application.

Signature _____ Date _____

Shiny Window Cleaning
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941-356-0222