



# Independent Contractor Application

## Personal Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you legally eligible to work in the United States?  Yes  No

Are you at least 18 years old?  Yes  No

Do you have reliable transportation to and from service site(s)?  Yes  No

Have you ever been convicted of a felony?  Yes  No

If yes, please explain: \_\_\_\_\_

*Note: If selected to perform services for Jackson Cleaning Services, you will be required to provide documentation verifying your identity and eligibility to work in the United States.*

## Desired Engagement

Position Applying For: \_\_\_\_\_ Date Available: \_\_\_\_\_

Desired Pay: \_\_\_\_\_ per hour Availability:  Full-Time  Part-Time

Were you referred by a current Jackson Cleaning Services contractor?  Yes  No

If yes, please list their name: \_\_\_\_\_

Have you applied to perform services for Jackson Cleaning Services before?  Yes  No

If yes, when? \_\_\_\_\_

Have you been engaged to perform services by Jackson Cleaning Services before?  Yes  No

If yes, when? \_\_\_\_\_

## Work Experience

*(List your most recent positions – you may attach a resume if preferred)*

Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of Employment/Engagement: \_\_\_\_\_

Supervisor/Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Jackson Cleaning Services is an Equal Opportunity Employer  
P.O. Box 2186, Florissant, MO 63032  
tjackson@jackson-cleaningservices.com



Company Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Dates of Employment/Engagement: \_\_\_\_\_  
Supervisor/Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Dates of Employment/Engagement: \_\_\_\_\_  
Supervisor/Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**References**

- 1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Additional Information**

Do you have prior commercial cleaning experience?  Yes  No  
List any specialized skills, certifications, or equipment experience: \_\_\_\_\_  
\_\_\_\_\_

**Applicant Certification**

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any false or misleading information may result in disqualification from consideration or termination of the contractual relationship.

I authorize Jackson Cleaning Services to contact my listed references and prior employers/service providers for verification of qualifications and past performance.

I understand that completing this application does not guarantee engagement as an independent contractor and that any offer to perform services is contingent upon successful completion of a background check, drug screening, and meeting all Company requirements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_