The Fluesbrothers Chimney Sweeps Employment Application:

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE	Please mail completed application to: Fluesbrothers 1701 Southwest Boulevard, Kansas City, KS 66103 Or email to info@kcsweep.com	**OFFICE USE ONLY:** Date received: Reviewed by:

DATE: / /

Name _____

Last First Middle Maiden

Present Address _____

Street City State Zip

How long at current address? _____ Social Security No. _____ - _____ - _____

Telephone _____ 2nd Phone _____

Are you over the age of 18? __ YES __ NO, if "YES", can you provide proof of your eligibility to work? ___ YES ___ NO

Are you currently authorized to work in the United States? ___ YES ___ NO. Proof of eligibility will be required if hired.

Days/hours available to work:

No Pref _____ Thur _____

Mon _____ Fri _____

Tue _____ Sat _____

Wed _____ Sun _____

How many hours can you work weekly? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL OR PART TIME

When are you available to start work? _____

How did you hear of Fluesbrothers? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				

Professional School				

PLESE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE	APPLICATION FOR EMPLOYMENT	

Do you have a Driver's License? _____ YES _____ NO
What is your means of transportation to work? _____
Driver's License Number _____ State of issue _____ Expiration Date _____
_____Operator _____Commercial (CDL) _____Chauffer

Please list two references other than relatives.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

_____ _____

Telephone_____ Telephone _____

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious, or political affiliations, or disability.

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Work Experience	Please list your work experience for the **past seven years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**		
Name of employer Address City, State, Zip Code Phone Number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (Be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Name of employer Address City, State, Zip Code Phone Number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (Be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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May we contact your present employer? YES NO
Did you complete this application yourself? YES NO If not, who did? _____

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied _____ YES _____ NO. If you answered "No", please identify those job function that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe: