

Whatever You Need!® A Personal Assistant & Handyman Service LLC

APPLICATION FOR EMPLOYMENT

Whatever You Need! LLC is an equal opportunity employer.

Personal Info

Full Name		Nickname	
Residential Address			
Mailing Address (if different than residential)			
Home Phone Number	Cell Phone Number	Favorite Color	Social Security Number
E-mail Address		How often do you check your E-mail?	

Employment Desired

Position	Date you can start	Are you willing to start at \$10.00 / hour? (circle one) Yes No
----------	--------------------	--

Employment History

Dates	Name & Location	Position	Salary	Reason for Leaving	
From					May we contact this employer?
To					(circle one) Yes No
Favorite aspect of this job:			Most disliked aspect of this job:		
From					May we contact this employer?
To					(circle one) Yes No
Favorite aspect of this job:			Most disliked aspect of this job:		
From					May we contact this employer?
To					(circle one) Yes No
Favorite aspect of this job:			Most disliked aspect of this job:		
From					May we contact this employer?
To					(circle one) Yes No
Favorite aspect of this job:			Most disliked aspect of this job:		

Education

Name & Location	Years Attended	Did you graduate?	Subjects Studied
High School			
Trade School			
College			
U.S. Military or Navy Service			

(Continued on other side)

Whatever You Need! LLC - The Center at 35 State Street - Northampton, MA - 413-586-0678 - www.WhateverYouNeed.biz

Whatever You Need![®] LLC

A Personal Assistant & Handyman Service

APPLICATION FOR EMPLOYMENT

Page Two

Please tell us about yourself (skills, hobbies, interests, goals, etc):

References - Please provide contact information for three persons who know you well enough to tell us about your character (not former employers and not related to you).

Name	Phone Number	How do you know this person?
Name	Phone Number	How do you know this person?
Name	Phone Number	How do you know this person?

Authorization (The Fine Print!)

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Date _____ Signature _____ How did you hear about WYN? _____

Extra Information

Can you...	Can you...
Be bonded? _____	Be on time? _____
Climb ladders? _____	Pull weeds? _____
Scrub toilets? _____	Juggle? _____
Work odd hours? _____	Drive in MA? _____
Lift heavy things? _____	Clean with stinky chemicals? _____
Are you allergic to animals? _____	