

APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE / APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5. DATE : _____

Name : _____

Last
First
Middle
Maiden

Present address _____

Number
Street
City
State
Zip

How long have you lived at this current address _____ DOB: _____ Origin: _____

Telephone (____) _____

If under 18, please list age _____

Position applying for (1) _____

Salary desired (2) _____
 (Be specific)

Days/hours available to work

Not Preferred

Monday _____ HOURS

Tuesday _____ HOURS

Wednesday _____ HOURS

Thursday _____ HOURS

Friday _____ HOURS

Saturday _____ HOURS

Email Address _____ Can you work nights? _____

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

When available for work? _____

| 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 | | | | |

HAVE YOU EVER BEEN CONVICTED OF A FELONY? No Yes

If yes, please explain. _____

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's License number _____ Issue Date _____ Operator Commercial (CDL) Chauffeur

Expiration Date _____

Have you had any accidents during the past three years? How many? _____

Do you have any current medical conditions that we should be aware of? Yes _____ No _____

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

PLEASE STATE YOUR RELIGION _____

| | | | |
|--|--|---------------------|----------------|
| Work Experience | Please list your work experience for the past five 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 | Name of last supervisor | Employment dates | Pay or salary |
| City, State, Zip Code Phone number | | 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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| | | | |
| Name of employer Address | Name of last supervisor | Employment dates | Pay or salary |
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Work Experience Continued

Please list your work experience for the **past five 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. | | | |

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

Name: _____

Gender: _____

Have you ever had or currently have Yes/No

- (a) Nervous or Mental Trouble
- (b) Frequent or Prolonged Indigestion?
- (c) Diabetes?

Do you take alcohol or habit forming drugs?

- (a) A Physical defect?
- (b) Any illness or injury not mentioned above?
- (c) Family history of mental trouble, suicide, fits.

Any kind of tuberculosis, diabetes or raised blood pressure?

Rheumatic Fever?

Any serious operations?

Eye trouble?

A sexually transmitted disease?

Malaria, dysentery or any other tropical illness?

Contact with a case of tuberculosis?

Lung tuberculosis, Asthma or hay fever?

Heart trouble or raised blood pressure?

Fits or convulsions?

Have you ever applied for or received disability benefits

Please provide the following details

Are you now in good health? Yes or No

If no give details

Height _____ Feet _____ Weight _____

Chest Pains or any respiratory problems

Blood pressure

Do you have any medical problems, abnormality or allergy with your skin?

- (a) Skin
- (b) Abdomen
- (c) Respiratory System
- (d) Genital Problem
- (e) Urinary problem
- (f) Nervous System
- (g) Cardiovascular System
- (h) Nose
- (i) Ears
- (j) Eyes
- (k) Throat & Mouth
- (l) Diabetes
- (m) Any Blood Disease
- (n) Any Allergy

Are you afraid of heights? Please answer

Yes or no

If you answered yes to any of the above questions, please provide details

Are you on any drug therapy at present? If "yes" give details.

Give details of any operations during the past five years.

Any Mental Conditions (If) yes give details

Perceived State of Health

- (a) Good
- (b) Moderate
- (c) Poor

Do you have any of the following pain symptoms and how long have you had it?

| | |
|-------------------|---------------|
| Back Pain | Yes/No |
| Headache | Yes/No |
| Joint ache | Yes/no |

AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship

with [the Company] creates an actual or implied contract of employment. I understand that, if I accept employment with [Company Name], it will be on an at-will basis. This means that either [Company Name] or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by [Company Name]. I release [Company Name], and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize [Company Name] to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release [Company Name] and its employees from all liability arising from such investigation.

Signature of applicant _____ **Date:** _____

[Company Name] is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with [Company Name] depends solely on your qualifications.

JANITORIAL SUPPLEMENT

Do you have experience in the following fields? Please check one:

Carpet cleaning-shampoo and dry cleaning using the required machines ____ Yes ____ No

If yes please give details where you did this and what are the procedures:

Kitchen cleaning-Cleaning the hoods, filters, grills and stoves for hotels and restaurants Yes ____ No ____

If yes please give details where you did this and what are the procedures:

Floor cleaning- strip, scrub, polish and buff using the required machine ____ Yes ____ No

If yes please give details where you did this and what are the procedures:

General cleaning-cleaning offices and homes ____ Yes ____ No

If yes please give details

Water extractions for floors and carpet using the required machine ____ Yes ____ No

If yes please give details where and what are the procedures:

Upholstery cleaning-shampooing the upholstery using machine ____ Yes ____ No

If yes give details of the procedure

Are you willing to work the following shifts/jobs?

Work evenings, nights or early mornings? ____ Yes ____ No

Willing to work with strong chemicals? ____ Yes ____ No

Willing to work on tall buildings, or ladders? ____ Yes ____ No

Willing to work with other staff members when assigned? ____ Yes ____ No

Willing to be on call 24 hours and work if asked? ____ Yes ____ No