

DATE:

PERSONAL INFORMATION

NAME (LAST NAME FIRST)				
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
HOME PHONE	CELL PHONE		EMAIL ADDRESS	
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	I AM LEGALLY ELIGIBLE TO WORK IN THE US? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DESIRED POSITION		DATE YOU CAN START	SALARY DESIRED	
HAVE YOU EVER WORKED FOR A CLEANING COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
NAME OF COMPANY?		WHERE (CITY & STATE)?	WHEN?	
NAME OF PREVIOUS SUPERVISOR		CONTACT TELEPHONE#	STARTING PAY / ENDING PAY /	
SPECIAL TRAINING (OSHA, SAFETY, CHEMICALS, ETC...)				
WHAT ARE YOUR AVAILABLE DAYS TO WORK S M T W THU F S			TIMES	

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
ADDITIONAL				

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE RANK

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

	NAME	ADDRESS & PHONE NUMBER	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

BELOW, GIVE THE NAMES OF THREE PERSONS YOU WOULD RECOMMEND/REFER TO WORK IN THIS INDUSTRY.

	NAME	ADDRESS & PHONE NUMBER	RELATIONSHIP	YEARS ACQUAINTED
1				
2				
3				

FORMER EMPLOYERS

LIST BELOW THREE EMPLOYERS, STARTING WITH THE MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? YES NO

IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

AUTHORIZATION

"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 OF THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AD 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."

DATE

SIGNATURE (Type your name here)