



Janitorial Services • Maid Services • Carpet Cleaning



Employment Application

Position Applied For: _____

Today's Date: _____

Name: _____
First Middle Last

Social Security Number: _____

Home Phone: _____ Cell Phone: _____

Current Address: _____
Street

_____ City State Zip

County (Ex. Baltimore/Harford etc.): _____

Prior Address: _____
Street

Application Instructions

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "Applicant Note" below.
2. Complete all pages of this application.
3. If more space is needed to complete any question, use reverse side of this page.
4. Print clearly: incomplete or illegible applications will not be processed. PLEASE WRITE: "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.
5. Provide only requested information. Failure to do so may result in disqualification of your application.

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately.

False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. No question in this application is intended to elicit information in violation of any such law, nor will any information obtained in response to any questions be used in violation of such law.

A conviction record will not necessarily bar an applicant from employment.

Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

AVAILABILITY

What date can you start? _____

What category would you prefer? Full Time Part Time

Continue to the Next Page

For which work schedules are you available?

- Weekdays: List hours that you are available _____
- Weekends: List hours that you are available _____
- Evenings: List hours that you are available _____

Reasonable efforts will be made to accommodate sincerely held religious beliefs and practices.

JOB-RELATED SKILLS

NOTE: Do not fill out any part of this section that you believe to be non-job related.

- Yes No If the job requires, do you have the appropriate **valid** drivers license?
Name on license _____ DL# _____ Type _____ State of Issue _____
- Yes No Has your drivers license ever been suspended?
If yes, explain: _____
- Yes No Do you have full-time access to a vehicle?
- Yes No Have you had any moving violations within the last seven years? Please describe. _____

- Yes No Have you been given a job description or had the essential functions of the job explained to you?
- Yes No Do you understand the essential functions of the job?
- Yes No Can you perform the essential functions of the job with or without reasonable accommodation?
- Yes No Are you able to lift 50 pounds or more?
- Yes No Would you have difficulty standing, bending or kneeling in connection with performing necessary cleaning duties?

In which of the following industries have you worked?

<input type="checkbox"/> House Cleaning	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Fast Food	<input type="checkbox"/> Janitorial Service	<input type="checkbox"/> Sales
<input type="checkbox"/> Homemaker	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Service
<input type="checkbox"/> Other		

SECURITY

Please note that due to the security sensitive nature of our business, all employees are required to be bonded. As a matter of policy, the company conducts a SSN Search and verification, address verification and criminal background check on any applicant in consideration for hiring.

- Yes No Have you used any names or Social Security Numbers other than given above? If so, please list in comments, on next page.
- Yes No Have you been convicted of a crime in the past seven years? If so, please describe in the boxes at top of next page. Applicant is not obligated to disclose any reference to a pre or post trial diversion program, any conviction, which has been sealed, expunged or erased by the court. (Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of offense, remoteness of offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.)

Continue to the Next Page

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

COMMENTS

(Ask for additional page if necessary)

PREVIOUS EMPLOYERS

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we make every effort to contact previous employers, the *correct telephone numbers of past employers are critical*. Ask for a phone book or call information if necessary.

<p>Most Recent Employer</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact this employer?</p>			<p>Phone: (___) ___ - ____</p> <p>Fax: (___) ___ - ____</p>
<p>Company Name _____ City _____ State _____</p> <p>From _____ To _____ Dates Employed _____ Job Title _____ Supervisor Name _____</p> <p>Duties _____</p> <p>Salary _____ Per _____ (Hour, Week, Month) Reason for leaving _____</p>			
<p>Second Most Recent Employer</p>			<p>Phone: (___) ___ - ____</p> <p>Fax: (___) ___ - ____</p>
<p>Company Name _____ City _____ State _____</p> <p>From _____ To _____ Dates Employed _____ Job Title _____ Supervisor Name _____</p> <p>Duties _____</p> <p>Salary _____ Per _____ (Hour, Week, Month) Reason for leaving _____</p>			

Third Most Recent Employer

Phone: (____)____-____

Fax: (____)____-____

Company Name _____ City _____ State _____

From _____ **To** _____
 Dates Employed _____ Job Title _____ Supervisor Name _____

Duties _____

Salary _____ **Per** _____ (Hour, Week, Month) _____ Reason for leaving _____

PERSONAL REFERENCES

NOTE: Include only individuals familiar with your work ability. Do not include relatives or names of supervisors listed above.

Name	Address/Phone	Years Known / Relationship
1.		
2.		

Education

NOTE: Do Not fill out any part of this section that you believe to be non-job related.

Please circle the highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed on page 1, please enter that name: _____

Name	City/State	Graduated	Degree Type
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information. I release all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature	Date
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How did you hear about us?

Newspaper Ad Flyer Referred by: _____ Other: _____

Disclosure to Employment Applicant Regarding Procurement of a Consumer Report

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies.

By your signature below, you hereby authorize The Cleaning Connection, Inc. to obtain a consumer report about you in order to consider you for employment.

This report will be processed by:

First Advantage SBS
300 Primera Blvd., Suite 356
Lake Mary, Florida 32746
(407) 682-5051

Applicants Name: _____
(Please Print)

Applicant's Address: _____

City/State/Zip: _____

Signature: _____

Social Security Number: _____

