



# APPLICATION FOR EMPLOYMENT

## An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking: Full-time  Part-time  Temporary Employment  When could you start work? \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Present Street Address City State Zip Code

\_\_\_\_\_  
Email Address Home Phone Mobile Phone

\_\_\_\_\_  
Emergency Contact Name Phone Number

Are you 18 years of age or older? ..... Yes  No

Are you eligible to work in the United States? ..... Yes  No

Have you ever applied to Executive Cleaning before? ..... Yes  No  If yes, when? \_\_\_\_\_

Were you ever employed by Executive Cleaning before? ..... Yes  No  If yes, when? \_\_\_\_\_

Do you have a valid driver's license? ..... Yes  No

Do you own your own vehicle (i.e. car, van, truck)..... Yes  No

If hired, what is your availability?  
Available between the hours of \_\_\_\_\_ and \_\_\_\_\_ Available to work:  Mon-Fri  Sa-Su  Daytime  Evenings  
How many hours per week do you desire? \_\_\_\_\_

List any applicable special skills, training, or proficiencies:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST NAME AND LOCATION OF SCHOOLS	# of Years completed	Diploma/Degree/Certificate
High School or GED: _____		
College or University: _____		
Vocational or Technical: _____		

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give first name and supply business references. **NOTE:** A job offer may be contingent upon acceptable references from current and former employers.

NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT (MO/YR) FROM: TO:
CITY, STATE, ZIP CODE	PAY START: \$ /HR FINISH: \$ /HR
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CITY, STATE, ZIP CODE	PAY START: \$ /HR FINISH: \$ /HR

Are you presently employed ..... Yes No

If yes, whom do you suggest we contact? \_\_\_\_\_

Have you ever been fired from a job or been asked to resign? ..... Yes No

List three references (do not include relatives):

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. By signing below, I am giving consent for former employers to be contacted regarding work records.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_