

# CLEANING SERVICE CT

Employment Application



## APPLICANT INFORMATION

Last Name		First Name		M.I.	Date	
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone			E-mail Address			
Social Security No.		Desired Salary	\$			
Position Applied for						
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you at least 18 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, what age are you?	_____		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			

*(The existence of a criminal record is not a barrier for consideration of employment.)*

## EDUCATION

High School			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

## REFERENCES

*Please list three professional references.*

Full Name			Relationship			
Company			Phone	( )		
Address						
Full Name			Relationship			
Company			Phone	( )		
Address						

Full Name		Relationship	
Company		Phone	( )
Address			

**PREVIOUS EMPLOYMENT**

Company		Phone	( )		
Address		Supervisor			
Job Title		Starting Salary	\$	Ending Salary	\$

Responsibilities				
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From		To		Reason for Leaving	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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Company		Phone	( )
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Address		Supervisor	
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Job Title		Starting Salary	\$	Ending Salary	\$
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Responsibilities				
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From		To		Reason for Leaving	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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Company		Phone	( )
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Address		Supervisor	
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Job Title		Starting Salary	\$	Ending Salary	\$
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Responsibilities				
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From		To		Reason for Leaving	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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**WORKING PREFERENCES**

How many hours can you work weekly?		Employment desired	Full time <input type="checkbox"/>	Part Time <input type="checkbox"/>	OTHER _____
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When can you start working?		Days/Hours available to work:	
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Monday _____	Tuesday _____	Wednesday _____	Thursday _____	Friday _____	Sat. _____	Sun. _____
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**OTHER INFORMATION**

Do you have a driver's license? YES  NO  If no, what is your means of transportation? \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_ State of Issue: \_\_\_\_\_

Have you had an accident during the past 3 years? YES  NO  Will you be willing to drive your car to work? YES  NO

Did you complete this application yourself? YES  NO  If not, who did? \_\_\_\_\_

\_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

I certify that the facts set forth in this Employment Application are true and complete to the best of my knowledge. I understand that if I am employed, omissions or falsified statements on this application shall be considered sufficient reasons for dismissal. I understand that if employment is offered to me and I accept employment, my employment may be terminated at will at any time, with or without cause and with or without notice, by myself or by the company. The at-will nature of the employment relationship can only be modified in writing signed by the President of the Company.

Our company is an Equal Opportunity employer, without regard to race, color, creed, sex, national origin, age, handicap or other protected group.

Signature	_____	Date	_____
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**When you have completed this form, you must print it out and mail it to:**  
**P.O. Box 582**  
**Stratford, CT 06615**

**Thank You!**