



APPLICATION FOR EMPLOYMENT

PLEASE PRINT AND COMPLETE FORM IN DETAIL. PLEASE FILL IN ALL APPROPRIATE BLANKS.

<u>NAME (LAST, FIRST, MIDDLE)</u>	<u>NAME CALLED BY</u>	<u>DATE APPLICATION COMPLETED</u>
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<u>STREET ADDRESS</u>			<u>YEARS AT THIS ADDRESS</u>	
<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>	<u>TELEPHONE NUMBER</u>	<u>SOCIAL SECURITY NUMBER</u>

DRIVER'S LICENSE NUMBER AND STATE:

<u>DATE AVAILABLE TO WORK</u>	<u>DATE:</u>
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HAVE YOU BEEN EMPLOYED HERE BEFORE?	YES/NO WHERE	IF YES, WHEN AND

DO YOU HAVE THE LEGAL RIGHT TO WORK PERMANENTLY IN THE U.S.?	YES/NO	IF NO, EXPLAIN

HAVE YOU EVER BEEN CONVICTED OF ANY FELONIES?	YES/NO	IF YES, EXPLAIN

TYPE OF POSITION/FUNCTION DESIRED	

EDUCATIONAL BACKGROUND

<u>NAME AND LOCATION</u>	<u>YEARS COMPLETED</u>	<u>DID YOU GRADUATE?</u>	<u>COURSE OF STUDY</u>
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HIGH SCHOOL

COLLEGE

OTHER

LIST THE PAST THREE ADDRESS OF WITH YOU HAVE LIVED IN THE PAST TEN YEARS
START WITH CURRENT.

1.	2	3.

EMPLOYMENT HISTORY (STARTING WITH MOST RESENT, INCLUDING MILITARY EXPERIENCE)

FROM:	TO:	EMPLOYER:
		ADDRESS:
JOB TITLE:		WORKED PERFORMED AND RESPONSIBILITIES:
IMMEDIATE SUPERVISOR AND TITLE:		
REASON FOR LEAVING:		TELEPHONE ()
		HOURLY RATE/SALARY:
		START \$ _____ PER _____
		FINAL \$ _____ PER _____
FROM:	TO:	EMPLOYER:
		ADDRESS:
JOB TITLE:		WORKED PERFORMED AND RESPONSIBILITIES:
IMMEDIATE SUPERVISOR AND TITLE:		
REASON FOR LEAVING:		TELEPHONE ()
		HOURLY RATE/SALARY:
		START \$ _____ PER _____
		FINAL \$ _____ PER _____

ANY ADDITIONAL COMMENTS REGARDING POSITION HELD?

MAY WE CONTACT YOUR PRESENT EMPLOYER?

YES/NO

MAY WE CONTACT YOUR PREVIOUS EMPLOYER?

YES/NO

IF ANSWERED NO TO ANY OF THE TWO ABOVE QUESTIONS, PLEASE EXPLAIN:

BUSINESS/PERSONAL REFERENCE

<u>NAME</u>	<u>OCCUPATION</u>	<u>ADDRESS</u>	<u>PHONE NUMBER</u>

SUMMARY OF JANITORIAL EXPERIENCE, IF ANY.

EXPERIENCE:

EQUIPMENT:

LIST ANY TRAINING RECEIVED THAT WOULD AID YOU IN THE POSITION YOU ARE APPLYING FOR:

ACTIVITIES AND HOBBIES

LET US KNOW ABOUT YOUR HOBBIES AND ACTIVITIES OF INTEREST:

PLEASE LIST ANY PHYSICAL OR MEDICAL LIMITATION THAT MAY NOT BE COMPATIBLE WITH THE JOB YOU ARE APPLYING FOR.

By signing this application, I certify: That this application is complete and accurate to the best of my knowledge and that I have not made any attempt to conceal information that falsification could be cause for dismissal. National Cleaning Services, Inc. or its agents may request employment information from my previous employers and persons or corporations who provide information related to my previous employment and will be released from any liability or damage. Also, I agree if required to undergo a medical examination by a company designated physician and understand that medical approval must be obtained before employment can be effected. I have noted that National Cleaning Services, Inc. is an Equal Opportunity Employer and applicants receive lawful consideration for employment without regard to Race, Religion, Color, Sex, Age, National origin, Disability, or Veteran Status. I understand that just as I am free to resign at any time, the employer reserves the right to terminate employment at will. I understand that no representative of the Employer has the authority to make any assurances to the contrary. I agree that all clients, cleaning techniques and operational procedures to which I gain access to are confidential trade secrets of National Cleaning Services, Inc., and shall not be revealed to any third parties. I further understand that if I divulged any confidential information or attempt to gain employment or retain accounts directly with any of National Cleaning Services clients, I am subject to legal action that may include me paying financial damages to National Cleaning Services, Inc.

SIGNATURE:	PRINT NAME:
DATE:	
EMPLOYMENT SUBJECT TO:	INTERNAL USE ONLY
*PASSING PHYSICAL EXAMINATION/DRUG SPECIMEN BY COMPANY DESIGNATED PHYSICIAN.	
*SATISFACTORY REFERENCE REPORTS.	
*FAVORABLE REPORTS FROM OUTSIDE AGENCIES ON VERIFICATION OF INFORMATION SUPPLIED	