



Employment Application

www.bestcleaners.org

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or disability.

PERSONAL

Name _____ Date Of Application _____
Last First MI

Present Address _____
Street City State Zip Code

How long have you lived at this address? _____ Telephone No. _____ or _____ (Include Area Code)

Job applied for _____ Rate of pay expected \$ _____ per _____

How did you learn of this opening _____

AVAILABILITY

Lists hours available to work per week:

| Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Saturday | | Sunday | |
|--------|----|---------|----|-----------|----|----------|----|--------|----|----------|----|--------|----|
| From | To | From | To | From | To | From | To | From | To | From | To | From | To |
| | | | | | | | | | | | | | |

How many hours per week would you like to work? _____

HOW WOULD YOU RATE YOURSELF

(1=Improvement needed 2=OK 3=Good 4=Top Performer)

- _____ Energy Level: Your sense of urgency, self-motivation and enthusiasm
- _____ Communication Skills: Your ability to listen well, express ideas clearly and accept feedback.
- _____ Hospitality: Your natural friendliness and customer service skills.
- _____ Reliability: Your dependability, attendance, self-discipline and dedication.
- _____ Personal Pride: Your appearance, hygiene and achievement.
- _____ Teamwork: Your cooperation with others and team spirit.

1. What achievement in life are you most proud of? _____
2. What are your personal strengths? _____
3. What are your weakest areas? _____
4. What are your five-year goals? _____
5. Why do you want to work here? _____

Can you perform the essential functions of this job without accommodation? Yes No
 If No, please describe in full. (Refer to position description if necessary)

In Case of Emergency, Contact: _____ Phone: _____

Do you have reliable transportation to work? Yes No

Do you have any relative or friends currently working for Best Cleaners? Yes No

If yes, state relationship to you and location of employment _____

BACKGROUND

Are you 18 years of age or older? Yes No If no, Date of Birth ____/____/____

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of any crime, excluding misdemeanors? Yes No

Have you ever been convicted of any crime involving violence to another person? Yes No

Have you ever been convicted of any crime involving dishonesty? Yes No

Are you serving probation for any misdemeanor offense? Yes No

Have you ever been counseled or disciplined for cash handling violation? Yes No

(Please note: All items on reverse must be completed.)

LIST BELOW, BEGINNING WITH YOUR MOST RECENT, ALL PRESENT AND PAST EMPLOYMENT

| | | | | | | | |
|----------------------|------------------|-------------------|-----------------|------------------------|--------------------|---------------------------|---------------------------|
| Company Name: | | | Address: | | | | |
| Phone: | Employed: | Job Title: | Duties | Starting Salary | Last Salary | Reason for Leaving | Name of Supervisor |
| | From: To: | | | | | | |
| Company Name: | | | Address: | | | | |
| Phone: | Employed: | Job Title: | Duties | Starting Salary | Last Salary | Reason for Leaving | Name of Supervisor |
| | From: To: | | | | | | |
| Company Name: | | | Address: | | | | |
| Phone: | Employed: | Job Title: | Duties | Starting Salary | Last Salary | Reason for Leaving | Name of Supervisor |
| | From: To: | | | | | | |

PERSONAL REFERENCES (Not former employers or relatives)

| Name and Address | Occupation | Phone Number |
|------------------|------------|--------------|
| | | |
| | | |
| | | |

RECORD OF EDUCATION

| School | Name and Address of School | Cours Of Study | Circle Last Year Completed | | | | Did you Graduate? | List Diploma or Degree | Grade Average |
|--------------|----------------------------|----------------|----------------------------|---|---|---|-------------------|------------------------|---------------|
| | | | 1 | 2 | 3 | 4 | | | |
| High | | | 1 | 2 | 3 | 4 | | | |
| College/Vo T | | | 1 | 2 | 3 | 4 | | | |
| Other | | | 1 | 2 | 3 | 4 | | | |

In the event you are required to use your personal or company automobile to conduct company business, please complete the following:

Do you have a valid driver's license? Yes No If Yes, indicate - State _____ License No.: _____

Do you have automobile liability insurance? Yes No

IMPORTANT – READ BEFORE SIGNING

I certify that information given herein is true and complete to the best of my knowledge.

I understand that incorrect, misleading or incomplete information on this application may result in immediate termination of employment. I understand that this employment application and any other company documents are not contracts of employment and that any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the employer at any time and for any reason.

I also understand that any oral or written statements to the contrary are expressly disavowed and should not be relied upon by any prospective or existing employee. I 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 before and during employment.

Signed _____

Date _____