

PRECISION OFFICE CLEANING

An Equal Opportunity Employer

Application for Employment

1. Position applied for _____ 2. Social Security _____
3. Full legal name _____ 4. Home Phone (____) _____
Last First Middle
5. Address _____ 6. Business Phone (____) _____
City State Zip
7. E-mail Address _____

8. EDUCATION

- a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Year Completed _____
- b. If you did not complete high school, do you have a high school equivalency diploma? Yes No Date Received _____
- c. Check number of years of post high school education 1 2 3 4 5 6 7

9. EXPERIENCE

May we contact your present supervisor? Yes No

- a. **Job Title** _____ **Duties:** _____
Employer _____
Address _____
_____ Phone _____
Type of business _____
Immediate supervisor _____
Title _____ Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____ Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____
- b. **Job Title** _____ **Duties:** _____
Employer _____
Address _____
_____ Phone _____
Type of business _____
Immediate supervisor _____
Title _____ Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____ Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____
- c. **Job Title** _____ **Duties:** _____
Employer _____
Address _____
_____ Phone _____
Type of business _____
Immediate supervisor _____
Title _____ Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____ Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____
- d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: _____

10. REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

11. MISCELLANEOUS

- a. Check all requested work times: Day Night Weekends
- b. Are you able to provide your own transportation for your employment? Yes No.
- c. Have you ever been convicted for any violation(s) of law, including moving traffic violations. Yes No If YES, please provide the
Description of offense:
Statute or ordinance(if known): Date of Charge: ; Date of Conviction
County, City, State of
Conviction:

12. AVAILABILITY

When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)

___ Month ___ Day ___ Year

13. CERTIFICATION

I hereby certify that all information provided is true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of Precision Office Cleaning. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers listed being contacted regarding this application.

Date _____ **Applicant Signature** _____