

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name (First & Last):

Social Security No.:

Present Street Address:

City:

State:

Zip Code:

Mobile Number:

Home Number:

Date of Birth:

Email Address:

DESIRED EMPLOYMENT

Potition:

Start Date:

Desired Salary:

Are you currently employed? Yes No

If yes, can we contact your employer? Yes No

Have you applied for employment with Upper Crust Cleaning Co. before? Yes No

If yes, when? And for what position?

EDUCATION HISTORY

Grammar School:

Years Attended:

Subjects Studied:

Did you graduate? Yes No

High School:

Years Attended:

Subjects Studied:

Did you graduate? Yes No

College:

Years Attended:

Subjects Studied:

Did you graduate? Yes No

Trade/Business/Correspondence School:

Years Attended:

Subjects Studied:

Did you graduate? Yes No



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FORMER EMPLOYERS

Please list your last three employers below, starting with the most recent.

Date Employed	Name & Address of Employer	Salary	Position	Reason for Leaving
START: END:				
START: END:				
START: END:				
START: END:				
START: END:				

REFERENCES

Name:	Phone/Email:
Business Name & Address:	Years Known:
Name:	Phone/Email:
Business Name & Address:	Years Known:
Name:	Phone/Email:
Business Name & Address:	Years Known:

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal state laws.

Date:
Signature:

OFFICE USE ONLY

Interviewed by:	Date:
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