

## All-Spot Cleaning Solutions Application for Employment

Applicant's Name (Last)	First	Middle	Social Security Number
Mailing Address (Number)	Street		Work Telephone Number
City	State	Zip Code	Home Telephone Number
<b>Position Applied for:</b>			
How many hours can you work weekly?		Can you work nights?	
<b>EDUCATION &amp; WORK HISTORY</b>			
Name of School	Location of School	Degree or Course of Study	Date Completed
(High School)			
(College)			
(Business or Trade School)			
(Other)			
<b>Do you have a Driver's License?</b>			
<b>HAVE YOU EVER BEEN CONVICTED OF A CRIME?</b>			
If yes, explain: _____			
_____			
_____			
<b>Job Title</b>	<b>Dates Worked From</b>	<b>To</b>	<b>Pay \$ Per</b>
<b>Name of Employer</b>		<b>Name of Supervisor</b>	
<b>Address:</b>			
		<b>City</b>	<b>State Zip Code</b>
<b>Telephone Number:</b>		<b>Reason for Leaving:</b>	
<b>Duties Performed:</b>			
<b>May we contact this employer?</b>			
<b>Job Title</b>	<b>Dates Worked From</b>	<b>To</b>	<b>Pay \$ Per</b>
<b>Name of Employer</b>		<b>Name of Supervisor</b>	
<b>Address:</b>			
		<b>City</b>	<b>State Zip Code</b>
<b>Telephone Number:</b>		<b>Reason for Leaving:</b>	
<b>Duties Performed:</b>			
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Name of Employer		Name of Supervisor		
Address:				
		City	State	Zip Code
Telephone Number:		Reason for Leaving:		
Duties Performed:				
May we contact this employer?				
Job Title	Dates Worked From	To	Pay \$	Per
Name of Employer		Name of Supervisor		
Address:				
		City	State	Zip Code
Telephone Number:		Reason for Leaving:		
Duties Performed:				
May we contact this employer?				
<b>PERSONAL REFERENCES: List the names of three references that employers may contact.</b>				
1) Name	Telephone #		Relationship	
Address:				
		City	State	Zip Code
2) Name	Telephone #		Relationship	
Address:				
		City	State	Zip Code
3) Name	Telephone #		Relationship	
Address:				
		City	State	Zip Code

I certify that the above information is true to the best of my knowledge. Any misrepresentation or omission of facts can result in immediate dismissal without previous notice.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

OR

