

APPLICATION FOR EMPLOYMENT

Position applied for: _____
Date: _____

How were you referred to us: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Social Security #: _____ - _____ - _____ Phone #: (____) _____ E-Mail Address: _____

Salary Requirements: _____ Date you can start: _____

If you are under 18 and we require a work permit, can you furnish one? YES NO

Are you employed now? YES NO Have you ever been terminated from employment? YES NO

May we contact your employer? YES NO Have you ever applied to work here before? YES NO

Have you worked here before? YES NO

Are you eligible to work in the United States? YES NO

What days and hours can you work? Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Morning Afternoon Evening Night Anytime

Have you ever been convicted of a felony or misdemeanor? YES NO

If yes, describe _____
Answering yes to these questions does not constitute an automatic rejection to employment. Date of the offence, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

REFERENCES:

Please furnish the names, addresses and telephone numbers of three people to whom you are not related and by whom you have not been employed.

Name: _____ Phone #: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone #: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone #: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

EDUCATION:

High School: _____ Address: _____

of Years Completed: _____ Did you graduate? YES NO

College/University: _____ Address: _____

of Years Completed: _____ Did you graduate? YES NO Degree: _____

Major: _____ GPA: _____ Class Rank: _____

Other: _____ Address: _____

of Years Completed: _____ Did you graduate? YES NO Degree: _____

Major: _____ GPA: _____ Class Rank: _____

Peninsula Cleaning Services, Inc. and its affiliates are equal opportunity employers, and select the best matched individual for each position based on job related criteria and without regard for race, color, sex, national origin, age, disability or any other protected status as defined in local, state or federal EEO guidelines.
This application will remain in an active file for ninety (90) days, and if consideration after that time is requested, the applicant must reapply in person.

EMPLOYMENT HISTORY (Begin with most recent position):

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____
Company Name: _____ Phone:(____) _____ - _____
Address: _____ City: _____ State: _____ Zip: _____
Supervisor: _____
Responsibilities: _____
Reason for Leaving: _____
Starting Salary and Title: _____ Ending Salary and Title: _____
May we contact this employer for a reference? YES NO

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____
Company Name: _____ Phone:(____) _____ - _____
Address: _____ City: _____ State: _____ Zip: _____
Supervisor: _____
Responsibilities: _____
Reason for Leaving: _____
Starting Salary and Title: _____ Ending Salary and Title: _____
May we contact this employer for a reference? YES NO

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____
Company Name: _____ Phone:(____) _____ - _____
Address: _____ City: _____ State: _____ Zip: _____
Supervisor: _____
Responsibilities: _____
Reason for Leaving: _____
Starting Salary and Title: _____ Ending Salary and Title: _____
May we contact this employer for a reference? YES NO

Applicant's Certification

I certify and affirm that all the information provided by me on this application and during interviews and all other related documents and conversation to be true in all respects and I further understand that any misrepresentation or omission will be grounds for immediate termination from further consideration or possible employment. I understand that my employment will be at-will. This means that I am an employee who may resign at any time, for any reason, with or without notice. Likewise, Peninsula Cleaning Services, Inc. has the right to terminate my employment at any time, for any reason not prohibited by law, with or without notice, and with or without cause. I further acknowledge and understand that no one other than the president of the Peninsula Cleaning Services, Inc. has the authority to change my status as an at-will employee, and that only the president of the Peninsula Cleaning Services, Inc. can enter into a written contract with me guaranteeing me employment for a specific period of time.

DATE _____ SIGNATURE _____