

PERSONAL INFORMATION (Please Print)

NAME: (First & Last Name)		
Present Address:	Apt. No.	
City, State:	Zip Code:	
Cell Phone:	Home Phone:	Best time to call?
E-mail Address:		

DESIRED EMPLOYMENT

Have you ever worked as a office cleaner or a house cleaner?

Position:		Date you can start?
Available Days: (Starting Times & No. of Hours)	Monday evening:	Friday Evening:
	Tuesday evening:	Saturday Morning:
	Wednesday evening:	Sat. Afternoon:
	Thursday evening:	Sunday (Optional):

FORMER EMPLOYERS

List below last three employers, starting with the most recent.

Name of Present or Last Employer			
Address	City	State	Zip
Starting Date	Leaving Date		Job Title
Final or Present Wage or Salary		Average hours worked per week?	
May we contact your Supervisor?			
Name of Supervisor		Phone Number:	
Description of Work			
Reason for Leaving			

Employer Name			
Address	City	State	Zip
Starting Date	Leaving Date		Job Title
Final Wage or Salary		Average hours worked per week?	
May we contact your Supervisor?			
Name of Supervisor		Phone Number:	
Description of Work			
Reason for Leaving			

Employer Name			
Address	City	State	Zip
Starting Date	Leaving Date		Job Title
Final or Salary		Average hours worked per week?	
May we contact your Supervisor?			
Name of Supervisor		Phone Number:	
Description of Work			
Reason for Leaving			

EDUCATION	School Name	No. of yrs	Did you	Major or
School Level	City, State	Attended	Graduate?	Degree
HIGH SCHOOL				
COLLEGE				
TRADE OR OTHER SCHOOLS				

GENERAL

Special Skills or Certifications or Licenses:

Foreign Languages:

SERVICE RECORD

Have you ever served in the U.S. Armed Forces?

If yes, which branch of service? Discharge Date:

CRIMINAL HISTORY (A criminal background check is done on all employees before hiring.)

Have you ever been arrested, convicted of, plead guilty/no contest to , or had a suspended imposition of sentence for any offense (Other than a minor traffic violation)?

YES NO

IF YES, EXPLAIN:

REFERENCES

List Personal and /or Professional References to contact.

	NAME: First & Last	PHONE NUMBER	YEARS KNOWN	RELATIONSHIP
1				
2				
3				

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 or such information.

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 and state laws.

DATE: _____ SIGNATURE: _____

Send completed application to: info@quality-office-cleaning.com
or mail to: Quality Office Cleaning; 2355 Walnut Heights Road; Apopka, FL 32703