



# Employment Application

www.bestcleaners.org

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or disability.

## PERSONAL

Name \_\_\_\_\_ Date Of Application \_\_\_\_\_  
 Last First MI

Present Address \_\_\_\_\_  
 Street City State Zip Code

How long have you lived at this address? \_\_\_\_\_ Telephone No. \_\_\_\_\_ or \_\_\_\_\_ (Include Area Code)

Job applied for \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

How did you learn of this opening \_\_\_\_\_

## AVAILABILITY

Lists hours available to work per week:

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
From	To	From	To	From	To	From	To	From	To	From	To	From	To

How many hours per week would you like to work? \_\_\_\_\_

### HOW WOULD YOU RATE YOURSELF

(1=Improvement needed 2=OK 3=Good 4=Top Performer)

- \_\_\_\_ Energy Level: Your sense of urgency, self-motivation and enthusiasm
- \_\_\_\_ Communication Skills: Your ability to listen well, express ideas clearly and accept feedback.
- \_\_\_\_ Hospitality: Your natural friendliness and customer service skills.
- \_\_\_\_ Reliability: Your dependability, attendance, self-discipline and dedication.
- \_\_\_\_ Personal Pride: Your appearance, hygiene and achievement.
- \_\_\_\_ Teamwork: Your cooperation with others and team spirit.

1. What achievement in life are you most proud of? \_\_\_\_\_
2. What are your personal strengths? \_\_\_\_\_
3. What are your weakest areas? \_\_\_\_\_
4. What are your five-year goals? \_\_\_\_\_
5. Why do you want to work here? \_\_\_\_\_

Can you perform the essential functions of this job without accommodation?  Yes  No

If No, please describe in full. (Refer to position description if necessary)

In Case of Emergency, Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have reliable transportation to work?  Yes  No

Do you have any relative or friends currently working for Best Cleaners?  Yes  No

If yes, state relationship to you and location of employment

### BACKGROUND

Are you 18 years of age or older?  Yes  No If no, Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

Have you ever been convicted of any crime, excluding misdemeanors?  Yes  No

Have you ever been convicted of any crime involving violence to another person?  Yes  No

Have you ever been convicted of any crime involving dishonesty?  Yes  No

Are you serving probation for any misdemeanor offense?  Yes  No

Have you ever been counseled or disciplined for cash handling violation?  Yes  No

(Please note: All items on reverse must be completed.)

LIST BELOW, BEGINNING WITH YOUR MOST RECENT, ALL PRESENT AND PAST EMPLOYMENT

Company Name:			Address:				
Phone:	Employed:	Job Title:	Duties	Starting Salary	Last Salary	Reason for Leaving	Name of Supervisor
	From: To:						
Company Name:			Address:				
Phone:	Employed:	Job Title:	Duties	Starting Salary	Last Salary	Reason for Leaving	Name of Supervisor
	From: To:						
Company Name:			Address:				
Phone:	Employed:	Job Title:	Duties	Starting Salary	Last Salary	Reason for Leaving	Name of Supervisor
	From: To:						

PERSONAL REFERENCES (Not former employers or relatives)

Name and Address	Occupation	Phone Number

RECORD OF EDUCATION

School	Name and Address of School	Course Of Study	Circle Last Year Completed				Did you Graduate?	List Diploma or Degree	Grade Average
			1	2	3	4			
High			1	2	3	4			
College/Vo T			1	2	3	4			
Other			1	2	3	4			

In the event you are required to use your personal or company automobile to conduct company business, please complete the following:

Do you have a valid driver's license?  Yes  No If Yes, indicate - State \_\_\_\_\_ License No.: \_\_\_\_\_

Do you have automobile liability insurance?  Yes  No

**IMPORTANT – READ BEFORE SIGNING**

I certify that information given herein is true and complete to the best of my knowledge.

I understand that incorrect, misleading or incomplete information on this application may result in immediate termination of employment. I understand that this employment application and any other company documents are not contracts of employment and that any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the employer at any time and for any reason.

I also understand that any oral or written statements to the contrary are expressly disavowed and should not be relied upon by any prospective or existing employee. I understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs before and during employment.

Signed \_\_\_\_\_

Date \_\_\_\_\_