



FOR OFFICE USE ONLY	
Hired On:	_____
Social Verification	_____
Background Check	_____
Start Date:	_____
Terminated:	_____
Reported to New Hire:	_____

APPLICATION FOR EMPLOYMENT – CLEANING SPECIALIST

(Part-Time Only 10-25 Hours and 2nd Shift - 5:30pm to 9:30pm or 10:00pm)

This company is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by State or Federal law.

- Please note that this application will only remain active for 60 days, after which the applicant would need to re-apply.

DATE OF APPLICATION: _____ **Date you can start work:** _____

PERSONAL INFORMATION

Name _____ Social Security # _____
Last First Middle

Address _____
Street City State Zip Code

Phone Number _____
Cell home Work

E-mail address _____

1. Position applying for _____ How did you hear about this position? _____

2. If you were referred to ServiceMaster by a present employee, who referred you? _____

3. Have you ever applied to this Company before? _____ When? _____

Under what name? _____

4. Number of hours desired per week: _____

5. Please check all the days you are available to work
 ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___ Sat.

6. What time can you start work each day? _____

BACKGROUND INFORMATION

7. If hired, can you provide proof of U. S. citizenship or proof of your legal right to work in the U. S. ? _____

8. Have you ever been convicted of a felony? YES ___ NO ___

9. Are you able to lift 10-25 pounds? YES ___ NO ___

10. Are you able to bend and stoop without restrictions? YES ___ NO ___

11. Are there any accommodations needed to do your job? YES ___ NO ___

If yes, what accommodations would you need? _____

12. Are you able to work with or around strong chemicals? YES ___ NO ___

EMPLOYMENT – THIS MUST BE COMPLETED – CAN NOT LEAVE BLANK

(List below your last two employers, starting with the most current one.)

Company Name	Address	Telephone
Dates Employed (month and year) From _____ To _____		Weekly Pay Start \$ _____ Last _____
Reason for leaving		Name of Supervisor
State your job title and describe your work		

Company Name	Address	Telephone
Dates Employed (month and year) From _____ To _____		Weekly Pay Start \$ _____ Last _____
Reason for leaving		Name of Supervisor
State your job title and describe your work		

EDUCATION

graduate?	Address of School	Years Attended	Did you
High School	City State		
College	City State		
Other Education	City State		

REFERENCES (NO RELATIVES – prefer people who worked with you or people who know you well)

Name	Address and Telephone	Relationship	Years Acquainted
1. _____			

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Please read the following statements carefully before signing to indicate your understanding.

I understand that if I am offered employment, no contractual relationship will thereby be created. Employment will be "at will" and shall be terminable "at will" by the employer or employee with or without cause. Any oral statements or promises to the contrary are not binding upon the employer. I understand and agree that, if hired, my employment is for no definite period and may regardless of the date of payment of my wages and salary.

I understand that, prior to being offered employment, I may be requested to take an employment examination. In the event that have a disability that will affect my ability to take the test, I will so inform the Company prior to the test so that a reasonable accommodation can be made. The Company reserves the right to require medical documentation regarding the need for accommodation.

I understand and authorize, at the time of being offered employment – a pre-screen drug test, a criminal background check and a Motor Vehicle Report (if needed to drive ServiceMaster vehicles) may be run, with passing each test as a condition of employment.

I certify the answers given in this application are true, accurate and complete to the best of my knowledge and I understand that, if employed, falsified statements or omitted material facts on this application may result in my disqualification from consideration of employment or termination from employment if I have been hired. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all policies, rules and regulations of the Company.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I release and hold harmless my prospective employer and any former employers, educators, and other listed references from any liability associated with providing information.

Date

Signature of Applicant