CJ's Model Home Maintenance, Inc.

I

APPLICATION FOR EMPLOYMENT AS HOUSECLEANER

INSTRUCTIONS: If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every reasonable effort will be made to accommodate your needs. *You must complete this form yourself*. This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all questions completely and accurately. *False or misleading statements or omission of material facts during the interview and on this form are grounds for terminating the applicant process or, if discovered after employment, terminating employment*. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. You may also be required to complete a medical history form and may be required to be examined by a medical professional designated by the Company. I acknowledge reading and understanding the above requirements.

		Initials						
(Please Print)	Email Address		Date					
I. Personal Information (Please print name exactly as it appears on your Social Security Card)								
Name:	Last	First	Middle					
Current Address	s: Street	City	State	Zip				
Social Security	Number	Telephone # (Including Area Code)	Alternate # (Cell Phone, Pager)				
		Supervisory Use						
Supervisor Responsible for this Application Package Section								
Reg. Proje	ect	Initial Clean Laundry Tr	ash Start Date					
1. If hired, car	n you present evidence	e to verify your legal right to live and work in	this country?	YesNo				
2. Are you cur	rrently employed?			Yes No				
If yes, can y	you be contacted at we	ork?		Yes No				
If yes, your	work number, includ	ing area code						
3. Do you hav	e any friends or relati	ves who are presently (or have formerly been)	employed by us?	Yes No				
If yes, state	name(s) and relations	ship						
4. Driver's lice	ense number:	State and expiration	n date:					

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II. Most Recent Employers

1						
Company Name	Ро	Position Held				
	D	ates Employed:				
Address (Including City and State)		From	То			
Manager/Supervisor	Phone	Emai	1			
Reason For Leaving						
V. Emergency Instructions						
In case of an emergency contact:						
Name		Telephone (In	cluding Area Code)			
Relationship:						
Applicant's Signature		Date				

PLEASE READ AND SIGN BELOW

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that **the answers given by me are true and correct to the best of my knowledge**. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any false information, omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery of such false information, omission or misstatement of material fact. I understand that if hired, this Employment Application shall become a permanent part of my employment records.

I hereby authorize the Company and its agents including consumer reporting agencies, to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, I authorize my former employers, schools, companies, law enforcement authorities and other persons to disclose to the Company any and all letters, reports and other information related to my background, my employment, and my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure

I understand that nothing contained in the application or conveyed during any interview which may be granted is intended to create an employment contract between me and the Company, except to the extent that my employment with the Company is "at-will".

Optional Information: In an effort to comply with State regulations we are asking you to please consider checking the appropriate box below in relation to your race. <u>This is optional and will not hinder your</u> eligibility for employment in our company.

Black or	Afric	can American		White		Nativ	ve Hawaiian oi	r Pacific	Islander
Asian		American India	n or A	laskan N	Vative		Two or more	races	