

ADVANCE CLEANING CONTRACTORS, INC.

"An Equal Opportunity Employer"

APPLICATION FOR EMPLOYMENT

(rev. 8/18)

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

Individuals with disabilities are welcome to apply as long as they can perform the essential functions of the job with reasonable accommodations.

PLEASE ANSWER ALL QUESTIONS (PLEASE PRINT)

Today's Date:				
Last Name	First Name	MI	Social Security #	
Street Address	City	State	Zip	
Home Phone #	Work Phone #		Cell Phone #	
Are you currently employed?	If so, where?			
How long?	Full Time	Part Tin	ne	
Are you eighteen years of age	or older? YES _		NO	
You are required to have reliab Do you have access to reliable	-	•••	-	
Are you available to work even	nings? Fi	ull Time	Part Time	
Please list any cleaning experie	ence you may have:			
Were you referred to us by a cu	urrent employee? Yes _]	No	
If yes, name of referring indivi-	dual:			

In emergencies,	notify:			
		Name		
Address		Phone #	Relationship to you	
List all employe most recent job	ers or periods of unemployr	PLOYMENT RE		with your current or
Employed From/to	Employer name/ Address	Job Title/ Duties	Reason For Leaving	

CRIMINAL/TRAFFIC HISTORY BACKGROUND CHECKS ARE PROCESSED ON ALL EMPLOYEES.

Have you ever been convicted of a felony?

Date of birth (for background check only)_____

In accordance with the Freedom of Information Act (5 USC 552), the Privacy Act (5 USC 552A), and the Fair Credit Reporting Act (Public Law 91-508, Title VI), or any

State or local law designed to abridge dissemination of personal information, I expressly authorize any person associated with an educational institution, past or present employer, Federal/State/Local law enforcement agency, Credit Bureau, or any person who has personal knowledge of my character, work experience, or criminal record, to provide such information to Advance Cleaning Contractors, Inc. FOR THE SOLE PURPOSE OF BEING CONSIDERED FOR EMPLOYMENT FOR ABOVE SAID COMPANY. I RELEASE ALL PERSONS FROM LIABILITY AS A RESULT OF TRUE AND ACCURRATE INFORMATION. I ALSO AUTHORIZE THAT A COPY OF THIS RELEASE IS AS VALID AS AN ORIGINAL. I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION ON THIS APPLICATION WILL BE GROUNDS FOR IMMEDIATE DISMISSAL.

Signature:	Date:
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