

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ Cell Phone : _____

Date Available: _____ Desired Salary: \$ _____

Position/City Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Previous Employment

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Do you have any physical condition that may limit your ability to perform the job for which you have applied? **Yes** _____ **No** _____

If yes, please explain

Does heat, standing on your feet, or lifting cause you any difficulties?

Yes _____ **No** _____

If yes, please explain

Do you have any cleaning experience? **Yes** _____ **No** _____

If yes, please explain

What hours are you available for work? Please **check** all that apply:

Monday _____ AM _____ PM _____ Not Available

Tuesday _____ AM _____ PM _____ Not Available

Wednesday _____ AM _____ PM _____ Not Available

Thursday _____ AM _____ PM _____ Not Available

Friday _____ AM _____ PM _____ Not Available

Saturday _____ AM _____ PM _____ Not Available

Sunday _____ AM _____ PM _____ Not Available

RELEASE AND AUTHORIZATION FOR PETERSON CLEANING INC. TO CONTACT PREVIOUS EMPLOYER

To Whom It May Concern:

I hereby authorize and request any present or former employer, school, police department financial institution or other person having personal knowledge about me, to furnish bearer (Peterson Cleaning, Inc.) with any and all information in their possession regarding me in connection with an application for employment. A photocopy of this authorization may be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written application that I signed.

First Name (please print)	Last Name (please print)
Applicant Signature	Date

Voluntary Self Identification Form (Applicant)

Name: (please print) _____ **Date:** _____

Signature: _____

EEO Status

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to complete an EEO-1 report each year. Completion of this data is voluntary but we hope that you will choose to fill it out and it will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by Human Resources Dept. Please return completed forms with your applications of employment.

Gender: Male _____ Female _____

Race/Ethnicity: Hispanic/Latino _____, White _____, Black/African Am. _____,
Native Hawaiian/Pacific Islander _____, Asian _____, Am. Indian/Alaska Native _____

Two or More Races (All persons who identify with more than one of the above) _____

VETS Self-ID

As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. Submission of this information is voluntary and refusal to provide it will not subject you to adverse treatment.

Veteran _____, Disabled Veteran _____, Recently Separated Veteran (last 3yrs) _____,
Active Duty Wartime or Campaign Veteran _____,
Armed Forces Service Medal Veteran _____, Not a Veteran _____,
Do Not Wish to Self Identify _____

Voluntary Self-ID of Disability

As a Government contractor, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out.

Disabilities include, but are not limited to: Blindness, Deafness, Cancer, Diabetes, Epilepsy, Autism, Cerebral Palsy, HIV/AIDS, Schizophrenia, Muscular Dystrophy, Bipolar Disorder, Major Depression, MS, Missing or Partially Missing Limbs, PTSD, OCD, Impairments requiring the use of a wheelchair, Intellectual Disability.

Please mark one below:

Yes, I have a disability (or previously had a disability) _____

No, I don't have a disability _____

I don't wish to answer _____

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job.