

Application for Employment Reed's Cleaning Service

For Office use only		
Location:		
FT / PT Days / Nights		
M – T – W – Th – F – S – Sun		
Starting Rate:		

1. Company Policy:

We consider all applications for employment. We require all employees of Reed's Cleaning Service be bonded.

Reed's Cleaning Service supports a drug-free workplace. Drug testing is mandatory for all new employees. Current and new employees are subject to random drug testing.				
in my application for employ	, authorize investigation of all statements contained ment as may be necessary. I further authorize a background check including Reed's Cleaning Service to investigate for any criminal record.			
Print Name of Applicant:				
☐ Male ☐ Female	Prefer not to answer (this is not a required question)			
Driver's License #:	State:			
Social Security #:	Date of Birth:			
Primary phone #:				
Email addresss:				
Applicant Signature:	Date:			

2. Instructions for completing the attached application:

Please PRINT all information. Complete all pages of application. Don't forget to sign your application. List your full name, including middle name and maiden name. Under 'Former Employers', list dates of employment and phone numbers.

Please note:

We must see your driver's license or picture ID card and your social security card. If you are not a US Citizen, we must see your work authorization card issued by U.S. Department of Immigration.

In order to be considered for employment you MUST have reliable transportation to and from work.

3. Availability

All Applications will be considered 'active' for 30 days from the date of submission (indicated on page 1). The following information is to be filled out so we can determine the hours and days you would be available.

<u>Circle or check the box</u> by your choices to each question below.					
Currently I am applying for:					
I am available: 10-15 15-20 20-25 25-30 30+ hrs per week					
If applying for full-time work, I would consider part-time work:					
Reed's Cleaning Service has different hours available for full and part-time work. Listed below are some of the ranges of work schedules. Please check a first and second preference.					
First Shift:					
Second Shift: Part-time (Start time after 5:00pm) Full-time (Start time after 5:00pm)					
Third Shift: Full-time (10:00pm to 6:30am or 5:00pm to 1:30am)					
What days are you available to work? Monday Tuesday Wednesday Thursday Friday Saturday Sunday					
Are you currently working anywhere else? yes no If yes, job title & hours per week:					
4. Additional Pre-requisites & Employee Standards					
We issue payroll checks every two weeks, at 8:00am on Fridays, unless otherwise prearranged to be mailed. You will be required to complete a timesheet listing all hours that you worked in order to be paid. Failure to complete timesheets will delay your ability to be paid on Fridays.					
If employed, you will be required to call into our office daily to report to work. Therefore, you must have access to a telephone.					
Persons employed by Reed's Cleaning Service must <u>not</u> take children or any other person with them when they enter account/clients' premises. Therefore, employees are required to have childcare or similar arrangements made prior to accepting employment.					
Employees in most part-time jobs are required to drive their own vehicles. Therefore, employees are required to have transportation arrangements made prior to accepting employment.					
By signing below, I understand the outlined pre-requisites above and my obligation to uphold if hired. Sign: Date:					

5. Personal Information & Education

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability or veteran status.

	Last Name		First Name		Mid	dle Initial	Birth Date	
	Street Addre	SS			Hon (ne Telephoi	ne -	
	City, State, Z	City, State, Zip Code				Business or Alternate Telephone		
IAL	Have you ever applied for employment with us? yes no If yes, what month & year?				Pay Expected \$			
l	yes				Social Security Number			
PERS					Will you work overtime if asked? ☐yes ☐no			
					Are you a US citizen? ☐yes ☐no			
	When will yo	ou be available to work?_						
	Other specia	l training or skills (langua	ges, machine operation, e	etc)				
	School	Name and Location of School	Course of Study	# of Yea		Did you graduate?	Degree or Diploma	
	Graduate					yes		
						no		
EDUCATION	College					☐ yes ☐ no		
AT	Business/					yes		
2	Trade/							
1	Technical					□ no		
Ш	High School or GED					∐ yes		
	Equivalent					no		
	Other					☐ yes		
						no no		
		l		1				
				_				
	e you ever bee	en bonded?yesr en incarcerated for any re	no If yes, with which emp	loyers?				
	-	-	ditional page if necessary	/).				
Have you been convicted of a crime in the past 30 years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? \Box yes \Box no								
If ye	If yes, describe in full (you may attach an additional page if necessary).							

6. Employment History

Please give accurate & complete full-time and part-time employment record. Start with your present or most recent employer. If you have a resume, you may include it as an attachment.

	Company Name	Telephone					
1	Address	Duration of Employment (month & year) Fromto					
	Name of Supervisor	Weekly Pay StartLast					
	Job Title and Description of Work	Reason for Leaving					
	May we contact this employer? yes no If no, please list reason.						
	Company Name	Telephone					
	Address	Duration of Employment (month & year) Fromto					
2	Name of Supervisor	Weekly Pay StartLast					
.,	Job Title and Description of Work	Reason for Leaving					
	May we contact this employer?						
	Company Name	Telephone					
	Address	Duration of Employment (month & year) Fromto					
3	Name of Supervisor	Weekly Pay StartLast					
(1)	Job Title and Description of Work	Reason for Leaving					
	May we contact this employer? yes no If no, please list reason.						

Continued on next page

	Company Name	Telephone				
4	Address	Duration of Employment (month & year From to				
	Name of Supervisor	Weekly Pay StartLast				
	Job Title and Description of Work	Reason for Leaving				
	May we contact this employer?					
	Company Name	Telephone				
ß	Address	Duration of Employment (month & year) Fromto				
	Name of Supervisor	Weekly Pay StartLast				
	Job Title and Description of Work	Reason for Leaving				
	May we contact this employer? yes no If no, please list reason.					
	The information provided in this application for employmen If I am employed, any misstatement or omission of fact on the dismissal.	-				
Signature	I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.					
S						
	Signature	Date				