

CLEAN LOOK APPLICATION FOR EMPLOYMENT

PLEASE PRINT

Position Applied For: _____ Date: _____
Referral Source: Advertisement Employee Relative Walk-In Employment Agency Other

Name: _____
Last First Middle

Address: _____
Street City Province Postal Code

Telephone Number (_____) _____ Best time to Call: _____ am or pm Social Security Number _____ - _____ - _____

If you are under 18, can you furnish a work permit? YES NO Have you filled out an application here before? YES NO If so, when? _____

Have you ever had a workmen's compensation claim? YES NO If so, when _____

Have you ever been employed by our company? YES NO If so, when _____ Type of employment desired Full Time Part Time

Are you eligible for employment in this country? YES NO Date you are available to begin work _____

Have you been convicted of a felony in the last seven (7) years? YES NO (Such conviction may be relevant if job related, but does not bar you from employment.)

If Yes, please explain _____

Do you have actual experience using any of the following? PLEASE CHECK

___ High speed electric buffer ___ Propane Buffer ___ Auto Scrubber
___ Slow Speed Scrubber ___ Extractor or Carpet Machine

Do you have actual experience in any of the following areas of your experience? Please Check all that apply.

___ House Cleaning for other than yourself ___ Commerical Office Cleaning ___ Medical/Hospital Cleaning
___ Floor Maintenance ___ Stripping Wax ___ Waxing

If hired do you have reliable transportation to and from work site(s)? YES NO

DRIVERS LICENCE NUMBER _____ STATE ISSUED _____
EVER HAD LICENSES SUPSPENDED? _____ WHERE? _____ REASON? _____

Employment Desired: Part-time _____ Full-time (40 hours per week) _____ Daytime _____ Evening/Night _____

If part-time, how many hours per day/night would you like? 1-2 3-4 5-7

Days of the week available: Mon Tues Wed Thurs Fri Sat Sun

What time are you available to start cleaning each night: _____ pm Desired Wage: \$ _____ per hour

PLEASE LIST ANY OTHER INFORMATION THAT MAY BE USEFUL IN DETERMINING YOUR QUALIFICATIONS FOR EMPLOYMENT WITH OUR COMPANY.

EMPLOYMENT HISTORY

List your last 4 employers - Please explain any gaps in your employment history.

Employer:	Dates Employed:	Summarize job you performed:
City: Provice:	From:	
Phone Number: ()	To:	
Your Job Title: Supervisor's Name:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving:
Hourly Rate/ Salary:		
Starting: Final:		

Employer:	Dates Employed:	Summarize job you performed:
City: Provice:	From:	
Phone Number: ()	To:	
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City: Provice:	From:	
Phone Number: ()	To:	
Your Job Title: Supervisor's Name:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving:
Hourly Rate/ Salary:		
Starting: Final:		

Comments (including explanation of any gaps in your employment history)

EDUCATIONAL BACKGROUND

List the last two schools you attended, starting with the most recent.

School:	City:	Province	Years Completed:

PERSONAL REFERENCES

List the name and telephone number of two personal references not related to you.

Name:	Telephone Number:	Years Known:
	()	
	()	

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by any local, provincial or federal law.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause, and without any prior notice. I understand that not representative of this employer has any authority to make me any assurances to the contrary.

Signature of Applicant: _____ **Date:** _____