

MAID TO CLEAN OF GA, LLC

Application for Employment

Date: _____

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally protected basis, including, but not limited to, race, age, color, religion, sex, national origin, citizenship, ancestry, physical or mental disability, veteran status, or any other legally protected basis.

PERSONAL BACKGROUND

LAST NAME: _____ MI _____ FIRST NAME: _____

PRESENT ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

PREVIOUS (If less than 5 years at present address) ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

CELL PHONE CARRIER: _____ PERSON TO CONTACT IN CASE OF EMERGENCY: _____ EMERGENCY CONTACT PHONE #: _____

CELL #: _____ EMAIL: _____

DRIVER'S LICENSE #.: _____ STATE ISSUED: _____

HOW DID YOU HEAR ABOUT THIS JOB? _____

DO YOU KNOW OR ARE YOU RELATED TO ANYONE WHO WORKS FOR MAID TO CLEAN? _____

Driving is a requirement of the job. Is your license valid? _____ Yes _____ No

Do you have full time access to a vehicle? _____ Yes _____ No

Is your vehicle in good working condition? _____ Yes _____ No

Is the vehicle covered by liability insurance? _____ Yes _____ No

If yes, what company? _____

Policy Number: _____

Make of Vehicle: _____ Model: _____ Year: _____

Are you able, at the time of employment, to submit verification of your legal right to work in the U.S.?* _____ Yes _____ No

**Verification and completion of the I-9 form must be submitted no later than 3 business days after hire.*

Are you able to lift 25 pounds or more? Yes No

Would you have difficulty standing, bending, or kneeling in connection with performing necessary cleaning duties? Yes No

Are you allergic to Household Chemicals? Yes No

Are you allergic to cats and/or dogs? Yes No

Are you afraid of cats and/or dogs? Yes No

What hours are you available to work on the following weekdays?

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY
___ TO ___ ___ TO ___ ___ TO ___ ___ TO ___ ___ TO ___

If hired, when can you start work? _____

Are you presently employed? Yes No

If "yes" may we contact your present employer? Yes No

Which of the following categories of jobs have you had?

House Cleaning Hotel/Motel Restaurant
 Fast Food Janitorial Sales
 Homemaker Manufacturing Service
 Other (explain) _____

WORK EXPERIENCE

List below your last three employers, starting with your present or last place of employment. You may include in such history any verified work performed on a volunteer basis.

Date Mo/Year	Name and Address Of Employer	Salary	Position	Reason for Leaving
From: To:				
Supervisor's Name:		Telephone Number:		

From: To:				
Supervisor's Name:		Telephone Number:		
From: To:				
Supervisor's Name:		Telephone Number:		

EDUCATIONAL BACKGROUND	Name & School Location	Circle Highest Grade Completed	Major Area of Study
High School		9 10 11 12 / GED	
College		1 2 3 4	
Trade, Business or Graduate School			

Have you ever been convicted of a criminal offense? Yes No

If yes, explain: _____

Have you ever been bonded? Yes No

Has your driver's license ever been suspended? Yes No

If yes, explain: _____

Note: Due to the security-sensitive nature of the job, all employees are required to be bonded. As a matter of policy, the company conducts a police background and driving record check on any applicant in consideration of hiring.

PERSONAL REFERENCES

List the names of three persons not related to you, whom you have known at least three years.

NAME:	OCCUPATION:	PHONE:
ADDRESS:	CITY,ST, ZIP:	YEARS KNOWN:
NAME:	OCCUPATION:	PHONE:
ADDRESS:	CITY,ST, ZIP:	YEARS KNOWN:
NAME:	OCCUPATION:	PHONE:
ADDRESS:	CITY,ST, ZIP:	YEARS KNOWN:

Check ONLY one box: I NEED this job I WANT this job *(hint: there is no "right or wrong" answer, we just want to know you better in order to fill your schedule)*

Why are you interested in working for MAID TO CLEAN OFGA, LLC ?

Why do you think you are a good fit for this company?

How long do you see yourself working here?

Can you go without smoking for 4 hours?

PLEASE READ CAREFULLY

AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

I, the undersigned, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

I authorize Maid to Clean of GA, LLC and any security agency service working for them, to disclose orally and in writing the results of this verification process and/or interview to the designated authorized representative of this company.

I have read and understand this release and consent, and authorize the background verification. I authorize persons, schools, current and former employers, personal references and other organizations and Agencies to provide Maid to Clean of GA, LLC with all information that may be requested, and to conduct a verification, as deemed necessary by this Company to fulfill the job requirements, with regards to my motor vehicle records, credit history as allowed by EEOC and ECOA, and to receive any criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in Georgia or any other States. I hereby release all the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original. All results will be proprietary and will be kept CONFIDENTIAL and disclosed orally and in writing only to the designated authorized representatives of this Company and its Clients.

I do hereby agree to forever release, discharge and indemnify Maid to Clean of GA, LLC and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information.

APPLICANT:

_____ Date: _____
Name, Typed or Printed

_____ S.S.# _____
Signature

Address _____ D.O.B. _____ State _____

Maiden Name: _____

Please provide name, location and date of the school(s) attended:

High School	Location	Date of Graduation
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Further Education	Location	Date of Graduation
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Criminal background check for _____ county / counties.

