

Employment Application Form

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE ALL PAGES

DATE: _____



Name: _____

Present address: _____

How long? _____

Social Security Number: _____ - _____ - _____

Phone #: Home: _____

Cell: _____

Date of Birth: _____

Position applied for: _____

Desired Salary: _____

Days / hours available to work (Be specific)

No Pref. _____

Thur: _____

Mon: _____

Fri: _____

Tue: _____

Sat: _____

Wed: _____

Sun: _____

How many hours can you work weekly? _____

Can you work nights? _____

Employment desired: _____ FULL-TIME ONLY _____ PART-TIME ONLY _____ FULL- OR PART-TIME

_____ ON-CALL

When are you available for work?

EDUCATION

	NAME AND ADDRESS OF SCHOOL	MAJOR	DEGREE / DIPLOMA
High School	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
College	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Trade, business, other	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No _____ Yes _____ **FELONY?** No _____ Yes _____

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

IF YOU ARE APPLYING FOR AN OFFICE POSITION PLEASE FILL OUT THE FOLLOWING:

Do you have skills in the following?

Excel _____ Word _____ Publisher _____ Database Entry _____ Email _____

Typing Yes or No? _____ WPM _____ 10-key Yes or No? _____

Other Office Related Skills: _____

DO YOU HAVE A DRIVER'S LICENSE? Yes _____ No _____

What is your means of transportation to work? _____

Driver's license # : _____ State issued: _____

Expiration date : _____

Have you had any accidents during the past three years? (*CIRCLE ONE*) YES or NO

If yes, How many? _____

Have you had any moving violations during the past three years? (*CIRCLE ONE*) YES or NO

If yes, How many? _____

PLEASE LIST TWO REFERENCES OTHER THAN RELATIVES OR EMPLOYERS.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Phone # _____ Phone # _____

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes _____ No _____

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes _____ No _____

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience

Please list your work experience for the past **five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

May we contact your most recent employer? (CIRCLE ONE) YES or NO

Employer: _____

Address: _____

Name of last Supervisor: _____

Phone #: _____

Employed: *From* _____ *To* _____

Salary: *Start* _____ *Final* _____

Your last job title: _____

Reason for leaving (be specific): _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company:

Employer: _____

Address: _____

Name of last Supervisor: _____

Phone #: _____

Employed: *From* _____ *To* _____

Salary: *Start* _____ *Final* _____

Your last job title: _____

Reason for leaving (be specific): _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company:

Employer: _____

Address: _____

Name of last Supervisor: _____

Phone #: _____

Employed: *From* _____ *To* _____

Salary: *Start* _____ *Final* _____

Your last job title: _____

Reason for leaving (*be specific*): _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company:

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

By signing this form, I consent to a background check, and allow **America's Best Cleaning & Restoration Services** to access any information that a governmental agency may classify private or confidential.

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

Signature: _____

Date: _____

Printed Name: _____