

APPLICATION FOR EMPLOYMENT

PLEASE PRINT

	PERSONA	L INFORMATION	
	Т	Today's Date:	
1) Legal Name			
Ī	ast	First	Middle
2) Phone No. () _	3) E-r	nail Address	
4) Mailing Address			A !!
	Street		Apt #
	City	State	Zip
5) Best time to conta	nct:		
6) Position(s) applyi	ng for:		
7) If offered a positi	on, when could you start?		
8) Are you a US citiz	zen:	Yes / No	
9) If you are not a U	.S. citizen, please give U.S. visa	status and type:	

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10) Type of School	Name and Location of School (give city and state)	Dates Attended From	Did you Graduate ?	Cert/ Degree Received	Major Subject or Course of Study	Grade Pt. Average	
High School							
Jr. College/ Tech School							
College or University							
12) Please i	ndicate any professional certif	icates or licenses:	NFORMATI	ION			
13) Are you	currently employed?			Yes!	No		
14) Availab	ility/ Interest of work:				ernoon Evening	s))	
15) Can you	ı travel if a job requires it?				YesNo		
16) How die	d you find out about this oppo	rtunity? Please ch	eck one of the	e following:			
()	Just Us Cleaning Services,	LLC. employee. Na	ame of employ	/ee:		_	
()	Job Fair/Open House.						
()							
()	Advertisement/Online . Na						
()	Community Organization. Name of organization:						
()	Government Organization. Name of organization:						
()	Agency. Name of agency:					_	

EMPLOYMENT RECORD

REQUIRED – PLEASE FILL OUT COMPLETELY

Beginning with most current employer, please list all past employment and account for any periods between jobs. (Use blank sheet, if needed.)

Employers may be contacted:

Indicate any other name you are known by to schools or employers:

1. Name of Company				Job Duties			
Street	City	State	Zip				
Dates of Employm	nent To:		Last Salary	Check One: Full-Time Pa If temporary, name of agency:	art-Time Temporary		
Job Title	10.		Immediate Su	upervisor/Phone Number	Reason for Leaving		
2. Name of Company				Job Duties			
Street	City	State	Zip				
Dates of Employm	nent To:		Last Salary	Check One: Full-Time Pa If temporary, name of agency:	art-Time Temporary		
Job Title			Immediate Su	ppervisor/Phone Number	Reason for Leaving		
3. Name of Company				Job Duties			
Street	City	State	Zip				
Dates of Employm From:	nent To:		Last Salary	Check One: Full-Time Pa If temporary, name of agency:	art-Time Temporary		
Job Title			Immediate Su	apervisor/Phone Number	Reason for Leaving		
4. Name of Company				Job Duties			
Street	City	State	Zip				
Dates of Employm From:	nent To:		Last Salary	Check One: Full-Time Pa If temporary, name of agency:	art-Time Temporary		
Job Title			Immediate Su	ppervisor/Phone Number	Reason for Leaving		
5. Name of Company				Job Duties	- L		
Street	City	State	Zip				
Dates of Employment (Show month/year) From: To:			Last Salary	Check One: Full-Time Pa If temporary, name of agency:	art-Time Temporary		
Job Title	10.		Immediate Su	pervisor/Phone Number	Reason for Leaving		
			l				

AFFIRMATIVE ACTION DATA RECORD

() White	Geno	ler:	() Male
() African American			() Female
() Hispanic			() LGBTQ
() Asian/Pacific Islander			,,
() American Indian/Alaskan Native			
() Veteran			
() Other:			
APPLICANT'S STATI	EMENT		
I certify that answers given herein are true and complete	e.		
I authorize investigation of all statements contained in the necessary in arriving at an employment decision.	this application fo	r emp	loyment as may
In the event of employment, I understand that false capplication or interview(s) may result in discharge. I abide by all rules and regulations of the employer.	•		
All applicants will be subject to a security clearance			
Signature of Applicant	Date		