



An Equal Opportunity Employer

# Dawn to Dusk Cleaning Services, LLC

## Application for Employment

Employees of Dawn to Dusk Cleaning Services, LLC and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the agency to which you are applying.

Position applied for Cleaning Technician

Social Security No. \_\_\_\_\_

Full legal name \_\_\_\_\_ Home Phone \_\_\_\_\_

Last First Middle

Address \_\_\_\_\_ Business \_\_\_\_\_

E-mail Address \_\_\_\_\_

City State Zip

### EDUCATION

Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12

If you did not complete high school, do you have a high school equivalency diploma?  Yes  No

Check number of years of College education 1 2 3 4 5 6 7 8

Name and Location of School	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
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1. _____					
2. _____					
3. _____					

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: \_\_\_\_\_

**EXPERIENCE** — Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position.

You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor?  Yes  No

**Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_

Type of business \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Full-time Part-time Hours/week Your name if different from present \_\_\_\_\_

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 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_

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 Full-time Part-time Hours/week Your name if different from present \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
**Employer** \_\_\_\_\_  
**Address** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
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 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Full-time \_\_\_ Part-time \_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: \_\_\_\_\_  
 \_\_\_\_\_

**Licenses** (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Expiration Date	Granted by (licensing board)
Drivers License		/ /	

**REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

**MISCELLANEOUS**

Check which job status you will accept:  Full-time  Part-time (specify) \_\_\_\_\_

Have you ever been convicted\* for any violation(s) of law, including moving traffic violations.  Yes  No If YES, please provide the following:

Description of offense: \_\_\_\_\_  
 Statute or ordinance (if known ): \_\_\_\_\_ Date of Charge: \_\_\_\_\_ ; Date of Conviction \_\_\_\_\_

County, City, State of Conviction: \_\_\_\_\_  
 (For additional convictions use plain paper. Include all information listed above.)

\*Convictions include juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you fourteen (14) to eighteen (18) when charged.

When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)

**CERTIFICATION--Each Application Requires Current Date and Original Signature**

I hereby certify that all entries on both pages and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of Dawn to Dusk Cleaning Services, LLC. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the Commonwealth to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

**Date** \_\_\_\_\_ **Applicant Signature** \_\_\_\_\_