



# Cleaning

P.O. Box 11089 Springfield, MO 65808-1089  
417-881-4609 phone

## EMPLOYMENT APPLICATION

### PERSONAL INFORMATION

Name		Date
Street/Apt #		
City, State, Zip Code		
Phone No.	Referred By	Do you have transportation to and from work?

### DESIRED EMPLOYMENT

Position	Date you can start	Desired Wage
Type of employment desired ___ full time ___ part time ___ temporary	Are you legally eligible for employment in the US? ___ yes ___ no	Are you bondable? ___ yes ___ no
Are you currently employed? ___ yes ___ no	If so, may we contact your present employer? ___ yes ___ no	

### EDUCATIONAL BACKGROUND

Special training or skills
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### WORK HISTORY

Date: Month & Year	Employer's name & phone number	Wage	Position	Reason for leaving
From/To				
From/To				
From/To				
From/To				

### REFERENCES

Name	Phone	Years Known

Have you ever been convicted of a crime? ___ yes ___ no	If yes, please explain
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"I certify that all of the information provided in this application is true and complete to the best of my knowledge. I also understand that if I am hired any false or misleading statements or information given on this application is grounds for dismissal."

Date: \_\_\_\_\_ Signature: \_\_\_\_\_