

AM-PM CLEANING EMPLOYMENT APPLICATION

NAME _____ SOC. SEC. NO. _____ DOB _____
first middle last

ADDRESS _____ CITY & STATE _____
street (ZIP CODE)

TEL NO. _____ CELL NO. _____

EMPLOYMENT RECORD (LIST MOST RECENT EMPLOYMENT FIRST)

You may include any verified work performed on a voluntary basis.

NAME AND ADDRESS OF COMPANY	DATE TO-FROM	TYPE WORK	SALARY	NAME OF SUPERVISOR	REASON FOR LEAVING

AVAILABILITY-STATE ALL HOURS YOU WILL BE ABLE TO WORK IN CHART BELOW

	MON	TUES	WED	THURS.	FRI	SAT	SUN	CHECK ONE
<i>FROM</i>								<input type="checkbox"/> FULL TIME
<i>TO</i>								<input type="checkbox"/> PART TIME

Please indicate the highest educational you have achieved by circling one of the following:

Elementary/Primary 1 2 3 4 5 6 7 8	High School 9 10 11 12 GED	College or University 1 2 3 4	Graduate School 1 2 3 4
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Additional Education/Training/Skills

Have you been employed by AM-PM Cleaning Corporation before? () NO () YES

Do any of your friends or relatives, work at AM-PM? If Yes, state name, relationship and location:

Have you ever been convicted of a felony? () NO () YES If yes, explain

Are you a U.S. Citizen or otherwise legally able to work in the U.S. () NO () YES

IMPORTANT: WORKING PAPER OR A CERTIFICATE OF AGE MAY BE REQUIRED BEFORE HIRING

PLEASE READ BEFORE SIGNING

I hereby release from liability all persons, firms, schools, organizations and/or corporations furnishing references or other information concerning me. I also release AM-PM Cleaning Corporation (AM-PM), its affiliated companies, associates and agents from any liability, which might result from requesting such information. I further understand that any misleading or incorrect information, misrepresentation, or omission of facts may render this application void or may be cause for immediate dismissal whenever discovered and that acceptance of this application does not necessarily indicate that there are positions open at present.

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I certify that the statements made on this application are true and complete and further agree that such statements may be investigated. I also recognize that AM-PM Cleaning Corporation's policy rules, benefit plans, and procedures may be modified or amended at any time at the discretion of AM-PM Cleaning Corporation. If employed, I agree to conform to the rules and regulation of AM-PM and understand that my employment and compensation can be terminated with or without cause at any time at the option of AM-PM or myself. I understand that no representative of AM-PM other than the authorized officers have any authority to enter into my agreement for employment for any specific period of time or to make any agreement contrary to the foregoing. Any such agreement made by an authorized officer must be in writing.

SIGNATURE: _____ DATE: _____

*****TO BE COMPLETED BY HIRING MANAGER *****

HIRE DATE: _____ POSITION: _____ EMPLOYEE#: _____

RATE OF PAY: _____ JOB# _____ WORK LOCATION: _____

WEEKLY SCHEDULE: FRIDAY SATURDAY SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY
HRS/DAY _____