



# A-1 Cleaning Co.

*"We Don't Cut Corners, We Clean 'Em!"*

Serving NY & PA  
**607-735-0487**

## Employment Application

NOTE: PLEASE COMPLETE ALL PAGES PERSONALLY

DATE OF APPLICATION:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

### PERSONAL INFORMATION:

FULL NAME:

\_\_\_\_\_  
Last First Middle

PRESENT ADDRESS:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Street City State Zip Code

SOCIAL SECURITY NUMBER: \_\_\_\_\_ (do not include if sending electronically)

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ (do not include if sending electronically)  
Month Day Year

HOME PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

CELL PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

OTHER PHONE NUMBER (where you can be reached): (\_\_\_\_) \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

### EMPLOYMENT DESIRED:

POSITION: \_\_\_\_\_

DATE YOU CAN START: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

## GENERAL INFORMATION:

1. Are you employed now? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Are you legally authorized to work in the U.S.A. ? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Have you ever worked for this Company before? Yes \_\_\_\_ No \_\_\_\_\_. If yes, please state dates of your employment and the location (s) where you were employed:  
\_\_\_\_\_  
\_\_\_\_\_
4. Do you have any relative, including relative through marriage, who is currently employed or was previously employed by this Company? Yes \_\_\_\_ No \_\_\_\_ Who? \_\_\_\_\_
5. Do you have a valid driver's license? Yes \_\_\_\_ No \_\_\_\_ License #: \_\_\_\_\_  
State of Insurance: \_\_\_\_\_
6. Have you ever plead guilty, accepted diversion or been convicted of a criminal offense, other than a minor traffic violation? Yes \_\_\_\_ No \_\_\_\_\_. If yes, please describe the Offense (s); the date (s) of the plea, diversion or conviction; and the current status of your last sentence or diversion:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Convictions are not necessarily a bar to employment)

**A-1 Cleaning Company is an Equal Opportunity Employer.** It is our policy to abide by all Federal and State laws prohibiting employment discrimination on the basis of a person's employee's race, color, religion, sex, gender stereotype, national origin, age, disability, handicap, genetic history, military status or any other characteristic protected by law.

## AVAILABILTY FOR WORK:

1. What is your transportation to work? \_\_\_\_\_
2. Are you able to work overtime hours if required? Yes \_\_\_\_\_ No \_\_\_\_\_
3. What shifts are you available to work ? 1st. \_\_\_\_ 2nd \_\_\_\_ 3rd \_\_\_\_
4. Can you work Monday through Friday? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Can you work weekends? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Are you willing to work at different locations from day to day? Yes \_\_\_\_\_ No \_\_\_\_\_
7. How many hours of work are you looking for per week? \_\_\_\_\_
8. Are you available to work: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_

9. Attached to this Employment Application may be a list of jobs and their essential functions. If such a list is attached, please identify the job or jobs you are applying for in the order of your preference:

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10. Are you physically able to perform the essential functions of this job (s) you are applying for ?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

11. Do you need any special or reasonable accommodations to perform this job?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes explain: \_\_\_\_\_

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12. What do you believe qualifies you for the position you are seeking with this Company?

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13. What cleaning procedures do you have experience in performing? (check all that apply)

- |                                      |  |  |
|--------------------------------------|--|--|
| <input type="checkbox"/> Dusting     | <input type="checkbox"/> Dust mopping    | <input type="checkbox"/> Carpet Cleaning   |
| <input type="checkbox"/> Vacuuming   | <input type="checkbox"/> Floor stripping | <input type="checkbox"/> Bathroom Cleaning |
| <input type="checkbox"/> Wet mopping | <input type="checkbox"/> Floor waxing    | <input type="checkbox"/> Other             |

14. What equipment do you have experience in operating: (check all that apply)

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Auto Scrubber           | <input type="checkbox"/> Carpet Extractor | <input type="checkbox"/> Boom Lift   |
| <input type="checkbox"/> Wet Dry Vac             | <input type="checkbox"/> Burnisher        | <input type="checkbox"/> Forklift    |
| <input type="checkbox"/> Floor Scrubbing Machine | <input type="checkbox"/> Scissorlift      | <input type="checkbox"/> Other _____ |

## EDUCATION:

|   | Name / Location | Years Attended | Did You Graduate? | Subjects Studied |
|---|-----------------|----------------|-------------------|------------------|
| <b>HIGH SCHOOL</b>                              |                 |                |                   |                  |
| <b>COLLEGE</b>                                  |                 |                |                   |                  |
| <b>Trade, Business or Correspondence School</b> |                 |                |                   |                  |

|   |       |
|---|-------|
| Subject of Special Study:                               |       |
| Offices, honors, awards, or extracurricular activities: |       |
| Special training or company sponsored training courses: |       |
| US Military Service :                                   | Rank: |

**PREVIOUS EMPLOYMENT:** (This section must be completed accurately, beginning with present or most recent job and covering all full-time or part-time employment.)

| Date:<br>Month/ Year | Name & Address<br>of Employer | Salary | Position | Reason<br>For Leaving |
|----------------------|-------------------------------|--------|----------|-----------------------|
| From:                |                               |        |          |                       |
| To:                  |                               |        |          |                       |
| From:                |                               |        |          |                       |
| To:                  |                               |        |          |                       |
| From:                |                               |        |          |                       |
| To:                  |                               |        |          |                       |
| From:                |                               |        |          |                       |
| To:                  |                               |        |          |                       |
| From:                |                               |        |          |                       |
| To:                  |                               |        |          |                       |

**References:** Give below the names of **three** persons **not** related to you, whom you have know at least one year.

| Name: | Phone number: | Business / Profession | Years Known |
|-------|---------------|-----------------------|-------------|
|       |               |                       |             |
|       |               |                       |             |
|       |               |                       |             |

## **CONDITIONS FOR ACCEPTANCE OF THIS APPLICATION FOR EMPLOYMENT AND RELEASE**

### **I understand and agree**

1. If I am offered employment, I will be required to submit proof of my identity and legal right to work in the United States.
2. That the information given in this application for employment must be true and correct to the best of my knowledge, and that any false or misleading statements or omissions made by me on this application, during an employment interview or in connection with any physical examinations, will be grounds for the Company to refuse to consider me for employment, revoke an offer of employment or constitute grounds for dismissal in the event I am employed, regardless of when discovered to be false, and will result in my immediate dismissal.
3. I understand and agree that this Application for Employment, the Company's Employee Handbook, and any other document, statement or promise, is NOT to be considered an offer for employment, a contract of employment, a guarantee of continued employment, or a guarantee of wages and benefits. Employment with the Company is NOT for a definite duration and can be terminated by me or the Company at any time, without notice, and for any reason whatsoever including, but not limited to, unsatisfactory job performance, economic conditions, and violation of the Company's rules and regulations and without resorting to any disciplinary procedures that the Company may have established.
4. By submitting this application for employment, I authorize the Company to investigate the completeness and accuracy of the information given on the application, or during any interview for employment, and to secure any other information it deems advisable. Furthermore, I release from all liability and responsibility, the Company and all persons, companies or organizations supplying such information, and the release of such information.
5. That employment by the Company may be conditional upon me passing physical tests and examinations from time to time as requested by the Company and as permitted by law. Such examinations may include specimen collection, and reflex and range analysis. By submitting to such tests, I authorize any doctor, hospital, clinic, or laboratory to release the results and any other information necessary for the Company to determine my ability to perform the job. Furthermore, I release from all liability and responsibility the Company and all persons, companies or organizations administering such tests from any liability arising from the collection and handling of data, the rendering of opinions and release of such information.

6. In processing my application for employment, I understand that the Company may obtain or have prepared a consumer report or investigative report for employment purposes, concerning my prior employment, military record, education, credit worthiness, character, general reputation, personal characteristics, criminal background, or mode of living. I understand that an investigative report is a report in which information is obtained through personal interviews with neighbors, friends, or associates with whom I am acquainted. If I am offered employment by the Company, I further authorize the Company to obtain additional consumer or investigative reports on me for employment purposes, at any time during my employment.

7. By accepting employment, I authorize the Company to search any locker assigned to me, as well as my person, clothing, possessions and car or truck, while on **Company property** or **Company's Customers property**, when deemed necessary by the Company for security or safety reasons.

**This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.**

**APPLICANT'S STATEMENT AND RELEASE**

I have read the above CONDITIONS FOR ACCEPTANCE OF THIS APPLICATION FOR EMPLOYMENT AND RELEASE and understand and agree to the terms and conditions stated therein.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Completed application may be submitted using the following methods:**

- **Email:** A1CleaningCompany@yahoo.com
- **Fax:** 607-735-0487
- **Direct Mail - Sent To:** A-1 Cleaning Company  
301 West Lenox Ave.  
Elmira Heights NY 14903