All-Spot Cleaning Solutions Application for Employment

| Applicant's Name (Last) | | First | Middle | Social S | ecurity Number | | | |
|---------------------------------|----------------|---------------------|----------------------|-----------------------|-----------------|--|--|--|
| Mailing Address (Number) | Street | | | Work Telephone Number | | | | |
| City | | State | Zip Code | Home Te | elephone Number | | | |
| | | | | | | | | |
| Position Applied for: | | | | • | | | | |
| How many hours can you work | weekly? | | Can you work nights? | | | | | |
| | | | | | | | | |
| EDUCATION & WORK HIS | | | | | | | | |
| Name of School (High School) | Location of Sc | chool | Degree or Course | of Study | Date Completed | | | |
| (High School) | | | | | | | | |
| (College) | | | | | | | | |
| | | | | | | | | |
| (Business or Trade School) | | | | | | | | |
| | | | | | | | | |
| (Other) | | | | | | | | |
| Do you have a Driver's License? | | | | | | | | |
| HAVE YOU EVER BEEN | CONVICTED | OF A CRIMI | E? | | | | | |
| If yes, explain: | | | | | | | | |
| | | | | | | | | |
| Job Title | Dates W | orked From | То | Pay \$ | Per | | | |
| Name of Employer | | orked From | Name of Supervis | | 1 ti | | | |
| Address: | | | Traine of Gaporria | | | | | |
| | | City | St | ate | Zip Code | | | |
| Telephone Number: | | Reason for Leaving: | | | | | | |
| Duties Performed: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| May we contact this employer? | | | | | | | | |
| Job Title | Dates W | orked From | To | Pay \$ | Per | | | |
| Name of Employer | | | Name of Supervis | or | | | | |
| Address: | | City | S | tate | Zip Code | | | |
| Telephone Number: | | Reason for Leaving: | | | | | | |
| Duties Performed: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| May we contact this employer | ? | | | | | | | |

| Job Title | Dates Worked From | То | Pay \$ | Per |
|-------------------------------|------------------------------|---------------------|-----------------------|----------|
| Name of Employer | | Name of Super | visor | |
| Address: | | | | |
| m | City | | State | Zip Code |
| Telephone Number: | Reason for I | _eaving: | | |
| Duties Performed: | | | | |
| | | | | |
| | | | | |
| | | | | |
| May we contact this employer? | | | | |
| Job Title | Dates Worked From | То | Pay \$ | Per |
| Name of Employer | | Name of Superv | isor | |
| Address: | 2 14 | | 01.1 | 71. 0. 1 |
| 77. 1 N. 1 | City | | State | Zip Code |
| Telephone Number: | Reason for l | _eaving: | | |
| Duties Performed: | | | | |
| | | | | |
| | | | | |
| | | | | |
| May we contact this employer? | | | | |
| PERSONAL REFERENCES: Li | st the names of three refere | nces that employers | may conta | ct. |
| 1) Name | Telephone # | | Relationshi | |
| | | | | |
| Address: | | | | |
| Address: | City | State | Zip Co | |
| 2) Name | City Telephone # | State | Zip Co Relationshi | |
| 2) Name | · · | State | | ip |
| | Telephone # | | Relationshi | de |
| 2) Name Address: | Telephone # | | Relationshi | de ip |

| Signature of applicant: | Date: | |
|--------------------------------|-------|--|
| | | |

Instructions to submit:

- 1. Save this documents with the info you've entered
- 2. Open your email program and attach to your message and email to cmac6986@gmail.com

