**Application for Employment**

**Pre-employment Questionnaire | Equal Opportunity Employer**

**PERSONAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| **NAME (LAST NAME FIRST)** | **SOCIAL SECURITY NO.** |
|  |   |
| **PRESENT ADDRESS** | **CITY** | **STATE**  | **ZIP CODE** |
|  |  |  |  |
| **PERMANENT ADDRESS** | **CITY** | **STATE**  | **ZIP CODE** |
|  |  |  |  |
| **PHONE NO.** | **SECONDARY PHONE NO.** | **REFERRED BY**  |
|  |  |  |

 |

**EMPLOYMENT DESIRED**

|  |  |  |
| --- | --- | --- |
| **POSITION** | **DATE YOU CAN START** | **SALARY DESIRED** |
|  |  |  |
| **ARE YOU EMPLOYED NOW? (Y/N)** | **IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? (Y/N)** | **ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S. ? (Y/N)** |
|  |  |  |
| **EVER APPLIED TO THIS COMPANY BEFORE? (Y/N)** | **WHERE** | **WHEN** |
|  |  |  |

**EDUCATION HISTORY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **NAME & LOCATION OF SCHOOL** | **YEARS****ATTENDED** | **DID YOU****GRADUATE** | **SUBJECTS STUDIED** |
| **HIGH SCHOOL** |  |  |  |  |
| **COLLEGE** |  |  |  |  |
| **TRADE,** **BUSINESS, OR****CORRESPONDENCE****SCHOOL** |  |  |  |  |

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**GENERAL INFORMATION**

|  |  |
| --- | --- |
| **SUBJECT OF SPECIAL STUDY/RESEARCH WORK** |  |
| **SPECIAL TRAINING** |  |
| **SPECIAL SKILLS** |  |
| **U.S. MILITARY OR NAVAL SERVICE, RANK** |  |

**FORMER EMPLOYERS (list below last four employers, starting with last one first)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE****MONTH & YEAR** | **NAME AND ADDRESS OF EMPLOYER** | **SALARY** | **POSITION** | **REASON FOR LEAVING** |
| **FROM** |  |  |  |  |
|  |
| **TO** |
|  |
| **FROM** |  |  |  |  |
|  |
| **TO** |
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| **FROM** |  |  |  |  |
|  |
| **TO** |
|  |
| **FROM** |  |  |  |  |
|  |
| **TO** |
|  |

**REFERENCES (give below the names of three persons not related to you, whom you have known at least one year)**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **TELEPHONE NO.** | **BUSINESS** | **YEARS KNOWN** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**AUTHORIZATION**

**By submitting this form you are affirming this statement:**

*“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.*

*I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.*

*I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.*

*This waver does no permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”*

**Date: Name:**

**Perfection Commercial Cleaning, LLC**

**821 Electric Ave., Suite B**

**Lewistown, PA 17044**

**To submit this application:**

After filling it out, simply save the document to your computer desktop and email to *info@perfectioncc.com*, adding the saved document as an attachment.