

Little Flower Cleaning Services

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1-2 (both sides) and SIGN Page 3. DATE _____

Name _____
Last First Middle

Present address _____
Number Street City State Zip

How long at address? _____ SSN: _____ - _____ - _____

Telephone (____) _____ **Or, if you are an alien required to file a US tax return**

DOB (Date of Birth): ____/____/____ ITIN: _____ - _____ - _____

Position _____ Days/hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

Salary desired \$_____/Hour

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	ADDRESS	DATES ATTENDED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

DL No. _____ State of issue: _____ Expiration Date: _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

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Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone (____) _____	Telephone (____) _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From __/__/__ To __/__/__	Pay
Reason for leaving (be specific): _____			
List the jobs you held while you worked at this company: _____			

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Reason for leaving (be specific): _____			
List the jobs you held while you worked at this company: _____			

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Reason for leaving (be specific): _____			
List the jobs you held while you worked at this company: _____			

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

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PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Little Flower (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor any subsequent interview, either for the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied expectation of an offer of employment. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company may be terminable by the Company for any reason recognized in law a being sufficient.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.