



PO BOX 1692  
WAUSAU, WI 54402  
715.506.0970

# EXECUTIVE CLEANING, LLC APPLICATION FOR EMPLOYMENT

## PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)		SOCIAL SECURITY NUMBER	
CURRENT ADDRESS		CITY	STATE
PERMANENT ADDRESS		CITY	STATE
CELL PHONE NUMBER	HOME PHONE NUMBER	REFERRED BY	

## DESIRED EMPLOYMENT

FOR WHICH POSITION ARE YOU APPLYING?	WHAT DATE ARE YOU AVAILABLE TO START WORKING?	HOW DID YOU HEAR ABOUT THIS POSITION?	
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?	DO YOU CURRENTLY HAVE EMPLOYMENT?	<input type="checkbox"/> FACEBOOK <input type="checkbox"/> ONLINE <input type="checkbox"/> CURRENT EMPLOYEE (PLEASE NAME): _____ <input type="checkbox"/> ANOTHER WAY (PLEASE DESCRIBE): _____	
HAVE YOU PREVIOUSLY APPLIED TO WORK FOR EXECUTIVE CLEANING?	IF YES, WHEN?	HAVE YOU PREVIOUSLY WORKED FOR EXECUTIVE CLEANING?	IF YES, WHEN AND HOW LONG?
WHAT WAS YOUR REASON FOR LEAVING EXECUTIVE CLEANING IN THE PAST?			

## EDUCATIONAL HISTORY

TYPE OF SCHOOLING	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE/BUSINESS/ CORRESPONDENCE			<input type="checkbox"/> YES <input type="checkbox"/> NO	

## SPECIAL TRAINING

SUBJECT OF SPECIAL STUDY/RESEARCH WORK
SPECIAL TRAINING, CERTIFICATIONS, LICENSES
SPECIAL SKILLS, FOREIGN LANGUAGES, ETC.

## MILITARY SERVICE RECORD

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES?	BRANCH OF SERVICE	DISCHARGE DATE	RANK
<input type="checkbox"/> YES <input type="checkbox"/> NO			

A RESUME MAY BE ATTACHED IN LIEU OF COMPLETING THIS PAGE, SO LONG AS, ALL REQUESTED INFORMATION IS PROVIDED.

**WORK HISTORY** (LIST BELOW YOUR LAST THREE (3) EMPLOYERS, STARTING WITH MOST RECENT)

NAME OF BUSINESS WHERE YOU MOST RECENTLY WORKED		STARTING MONTH & YEAR ____/____/____	ENDING MONTH & YEAR ____/____/____
ADDRESS OF BUSINESS		CITY	STATE ____
ZIP CODE ____	HOURLY STARTING WAGE \$ ____/HOUR	HOURLY ENDING WAGE \$ ____/HOUR	JOB TITLE WHEN YOU LEFT _____
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		SUPERVISOR'S NAME _____	
SUPERVISOR'S TITLE _____		SUPERVISOR'S PHONE NUMBER (____) ____-____	
DESCRIPTION OF YOUR RESPONSIBILITIES AT WORK _____ _____			
REASON FOR LEAVING _____ _____			

NAME OF BUSINESS WHERE YOU PREVIOUSLY WORKED		STARTING MONTH & YEAR ____/____/____	ENDING MONTH & YEAR ____/____/____
ADDRESS OF BUSINESS		CITY	STATE ____
ZIP CODE ____	HOURLY STARTING WAGE \$ ____/HOUR	HOURLY ENDING WAGE \$ ____/HOUR	JOB TITLE WHEN YOU LEFT _____
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		SUPERVISOR'S NAME _____	
SUPERVISOR'S TITLE _____		SUPERVISOR'S PHONE NUMBER (____) ____-____	
DESCRIPTION OF YOUR RESPONSIBILITIES AT WORK _____ _____			
REASON FOR LEAVING _____ _____			

NAME OF BUSINESS WHERE YOU PREVIOUSLY WORKED		STARTING MONTH & YEAR ____/____/____	ENDING MONTH & YEAR ____/____/____
ADDRESS OF BUSINESS		CITY	STATE ____
ZIP CODE ____	HOURLY STARTING WAGE \$ ____/HOUR	HOURLY ENDING WAGE \$ ____/HOUR	JOB TITLE WHEN YOU LEFT _____
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		SUPERVISOR'S NAME _____	
SUPERVISOR'S TITLE _____		SUPERVISOR'S PHONE NUMBER (____) ____-____	
DESCRIPTION OF YOUR RESPONSIBILITIES AT WORK _____ _____			
REASON FOR LEAVING _____ _____			

**REFERENCES**

REFERENCE'S NAME _____	REFERENCE'S RELATIONSHIP TO YOU _____	REFERENCE'S PHONE NUMBER (____) ____-____
_____	_____	(____) ____-____
_____	_____	(____) ____-____

**SUPPLEMENTAL QUESTIONS**

ARE YOU A U.S. CITIZEN?  YES  NO DO YOU HAVE A VALID DRIVER LICENSE?  YES  NO DO YOU HAVE A DEPENDABLE VEHICLE?  YES  NO

THE POSITION FOR WHICH YOU ARE APPLYING WILL LIKELY REQUIRE TRAVEL (IN AN EFFICIENT MANNER) DURING YOUR ASSIGNED SHIFT. IF YOU ANSWERED "NO" TO EITHER OF THE TRANSPORTATION QUESTIONS ABOVE, PLEASE EXPLAIN HOW YOU WILL MEET THIS REQUIREMENT.

---

---

\*HAVE YOU BEEN CONVICTED OF A MISDEMEANOR IN THE LAST 5 YEARS?  YES  NO IF YES, PLEASE DESCRIBE.

---

---

\*HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST 5 YEARS?  YES  NO IF YES, PLEASE DESCRIBE.

---

---

I UNDERSTAND AND AGREE THAT I MAY BE REQUIRED TO PARTICIPATE IN A PHYSICAL EXAMINATION AND/OR DRUG TESTING AS A CONDITION OF HIRING OR CONTINUED EMPLOYMENT. I AGREE TO CONSENT TO TAKE SUCH A TEST AT SUCH TIME AS DESIGNATED BY EXECUTIVE CLEANING, LLC AND TO RELEASE THE COMPANY, ITS DIRECTORS, OFFICERS, AGENTS, AND EMPLOYEES FROM ANY CLAIM ARISING IN CONNECTION WITH THE USE OF SUCH TESTS.  YES  NO

*\*YOU WILL NOT BE DENIED EMPLOYMENT SOLELY BECAUSE OF A CONVICTION RECORD, UNLESS THE OFFENSE IS RELATED TO THE JOB FOR WHICH YOU ARE APPLYING.*

**JOB FUNCTIONS**

ARE YOU ABLE TO PERFORM EACH OF THE FOLLOWING JOB FUNCTIONS WITH OR WITHOUT ACCOMODATION?

**JOB FUNCTION #1:** ABLE TO WALK, BEND, AND/OR STAND FOR DURATION OF SHIFT.  YES  NO  
IF YOU CAN PERFORM THE FUNCTION WITH AN ACCOMODATION, PLEASE EXPLAIN HOW YOU WOULD PERFORM THE TASK, AND WITH WHAT ACCOMODATIONS.

---

---

**JOB FUNCTION #2:** ABLE TO BE EXPOSED TO DUST.  YES  NO  
IF YOU CAN PERFORM THE FUNCTION WITH AN ACCOMODATION, PLEASE EXPLAIN HOW YOU WOULD PERFORM THE TASK, AND WITH WHAT ACCOMODATIONS.

---

---

**JOB FUNCTION #3:** ABLE TO OCCASSIONALLY LIFT 75 POUNDS.  YES  NO  
IF YOU CAN PERFORM THE FUNCTION WITH AN ACCOMODATION, PLEASE EXPLAIN HOW YOU WOULD PERFORM THE TASK, AND WITH WHAT ACCOMODATIONS.

---

---

HAVE YOU BEEN INJURED IN A WAY THAT IT WILL AFFECT YOUR ABILITY TO COMPLETE THE REQUIREMENTS OF THIS POSITION?  YES  NO  
IF YES, PLEASE EXPLAIN.

---

---

**AUTHORIZATION**

"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 TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY 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 CONTRARTY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

THIS WAIVER DOES NOT 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."

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_