

Application for Ladybug Cleaners

Date: _____

Name: _____ Social Security # _____ - _____ - _____

Date of Birth: _____ Telephone: _____ Address: _____

Education High School _____ Grade Completed _____

College _____ Area of Study _____

Employment Record (if more room needed use back) Name/ Address/ Job Duties/ Dates/ Reason leaving

References (Do Not Include Relatives) Name/ Occupation/ Years Known/ Address/ Phone #

Looking for: ___ Long-term ___ Short-term ___ Part time ___ Full time **Expected starting pay?** _____

Have you ever been convicted of a felony? ___ Yes ___ No

Availability: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Applicant's Statement

I understand that the employer follows an "employment at will" policy, in that the employer or I may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy can't be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand that the application will be active for a period of 6 months; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and business name herein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability from damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

You Signature: _____ Date: _____

Additional Information (if needed)