

PREMIER CLEANING OF CNY, INC

APPLICATION FOR EMPLOYMENT

Date: _____

Home Ph. #: _____

Cell Ph. #: _____

Emergency Contact Name & Number:

NAME: _____
LAST FIRST

DATE OF BIRTH: _____

ADDRESS: _____
NUMBER & STREET (NO P.O. BOX'S) CITY STATE ZIP CODE

WERE YOU RECOMMENDED: _____
YES NO

BY WHOM: _____

POSITION APPLYING FOR: _____
NUMBER HOURS DESIRED: _____

LOCATION: _____
PAY RATE DESIRED: _____

DO YOU HAVE YOUR OWN VEHICLE? _____
YES NO

IF "NO", HOW DO YOU PLAN TO GET TO WORK? _____

POLICE BACKGROUND CHECK PROVIDED TODAY? _____
YES NO

DRUG TEST PROVIDED TODAY? _____
YES NO

CAN **PREMIER** CONDUCT ITS OWN BACKGROUND CHECK? _____
YES NO

WERE YOU EVER REFUSED A FIDELITY BOND? _____
YES NO

HAVE YOU EVER BEEN CONVICTED, OR PLED GUILTY TO A CRIME? _____
YES NO

IF "YES", PLEASE EXPLAIN: _____

CONTINUED ON NEXT PAGE

404 W. MANLIUS STREET, #411, EAST SYRACUSE, N.Y. 13057

PHONE/FAX: 315-687-5358

pcpscny.com

pcpscny@yahoo.com

EDUCATION

ENTER THE INFORMATION BELOW—FILL IN LAST YEAR FOR ALL THAT APPLY

NAME NUMBER YEARS DIPLOMA/DEGREE

HIGH SCHOOL: _____

GED EQUIVELANT: _____

TRADE/TECH: _____

COLLEGE: _____

MILITARY SERVICE

BRANCH: _____ DRAFT CLASSIFICATION: _____

DATE ENTERED: _____ SEPERATED: _____

PRINCIPLE
DUTIES/SKILLS: _____

RESERVE STATUS: _____ TERMINATION DATE: _____

EMPLOYMENT EXPERIENCE

LIST MOST RECENT FIRST

1ST COMPANY NAME: _____ PHONE #: _____

SUPERVISOR'S NAME: _____

ADDRESS OF COMPANY: _____

DATES EMPLOYEED: START _____ END _____

WHAT WERE YOUR DUTIES?

STARTING PAY RATE: _____ ENDING PAY RATE: _____

REASON FOR LEAVING? _____

2ND COMPANY NAME: _____ PHONE #: _____

SUPERVISOR'S NAME: _____

ADDRESS OF COMPANY: _____

DATES EMPLOYEED: START _____ END _____

WHAT WERE YOUR DUTIES?

STARTING PAY RATE: _____ ENDING PAY RATE: _____
REASON FOR LEAVING? _____

3RD COMPANY NAME: _____ PHONE #: _____
SUPERVISOR'S NAME: _____
ADDRESS OF COMPANY: _____
DATES EMPLOYEED: START _____ END _____

WHAT WERE YOUR DUTIES?

STARTING PAY RATE: _____ ENDING PAY RATE: _____
REASON FOR LEAVING? _____

ARE THERE ANY PHYSICAL LIMITATIONS THAT MAY IMPAIR YOU FROM
PERFORMING THE DUTIES OF A CLEANER/JANITOR?

PERSONAL REFERENCES—OTHER THAN FAMILY

NAME	PHONE NUMBER
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_____	_____
_____	_____
_____	_____

CERTIFICATION

I HEREBY AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED
IN THIS APPLICATION. I HEREBY FURTHER AGREE TO UNDERGO A
PHYSICAL EXAMINATION BY A PHYSICIAN OR INSTITUTION SELECTED BY
PREMIER CLEANING OF CNY, INC AT ANY TIME BEFORE OR DURING
EMPLOYMENT WITH **PREMIER**, INCLUDING DRUG TESTING, AND HEREBY
AUTHORIZE THE EXAMINING PHYSICIAN OR INSTITUTION TO RENDER TO
PREMIER COMPLETE RECORDS OF SUCH EXAMINATION.

I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS FOR
THIS APPLICATION IS CAUSE FOR CANCELLATION OF THE APPLICATION
AND/OR SEPERATION FROM **PREMIER**, IF I HAVE BEEN EMPLOYEED.

PRINT NAME

SIGN NAME

DATE

THIS APPLICATION WAS FILLED OUT EITHER WITH AN INTERPRETER
OR EXPLAINED BY AND INTERPERATOR IN A LANGUAGE I
UNDERSTAND.

INTERPRETER NAME

SIGN

DATE