

# **Employee Application**

It is the policy of Joyfully Clean LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

### Applicant Information

First, Middle and Last Name:			
Home Address (City/State/ZIP):			
Phone Number: Date of	of Birth:		
Do you accept submitting to a background check?	Yes 🗆	No 🗆	
If yes, Social Security Number:			
Job Position Applied For:			
Salary Desired: \$ per			
Do you have a current and valid drivers licence?	Yes □	No 🗆	
How will you get to work?			
Are you willing to work any shift, including week If no, please state any limitations:	cends? Ye	es 🗆 No 🗆	
If you are offered employment, when would you b	be available to	o begin work?	
If hired, are you able to submit proof that you are employment in the United States? Yes $\Box$	0,0	le for	

Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? Yes  $\square$  No  $\square$ 

What reasonable accommodation, if any, would you request?

Have you ever been convicted of a felony or misdemeanor? Yes  $\Box$  No  $\Box$ 

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

#### Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name:	
Supervisor Name:	
Address:	
Job Duties:	
Reason for Leaving:	
Dates of Employment (Month/Year):	
Ending Wages: \$	
Employer Name:	
Supervisor Name:	
Address:	
Job Duties:	
Reason for Leaving:	
Dates of Employment (Month/Year):	
Ending Wages: \$	

Employer Name:	
Supervisor Name:	
Address:	
Job Duties:	
Reason for Leaving:	
Dates of Employment (Month/Year):	
Ending Wages: \$	
Military Service: Yes D No Service D	
Please explain any Specialized Training you have obtained:	
Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:	
References	
List any two non-relatives who would be willing to provide a reference for you.	
Name:	
Address:	
Telephone:	
Relationship:	
Name:	
Address:	
Telephone:	
Relationship:	

## Certification

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Joyfully Clean LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its \_\_\_\_\_\_\_, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Joyfully Clean LLC, except in a specific written contract of employment signed on behalf of the organization by its

\_\_\_\_\_, has the power to alter or vary the voluntary nature of the employment relationship.

# I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE