



**MOONLIGHT
OFFICE
CLEANERS,
INC.**

MOONLIGHT OFFICE CLEANERS, INC. EMPLOYMENT APPLICATION

TODAYS DATE: _____ DATE OF BIRTH: _____

NAME: (First) _____ (Middle Initial) _____ (Last) _____

SOCIAL SECURITY #: _____ - _____ - _____ PHONE NUMBER (h): _____

EMAIL ADDRESS: _____ PHONE NUMBER (c): _____

STREET ADDRESS: _____ CITY: _____

(APARTMENT#): _____ STATE: _____ ZIP CODE: _____

POSITION APPLYING FOR: _____

SPECIAL SKILLS: _____

FORMER EMPLOYERS: (LIST BELOW YOUR LAST THREE EMPLOYERS STARTING WITH THE LAST ONE FIRST).

1.	DATES EMPLOYED MONTH & YEAR	NAME OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
2.					
3.					

REFERENCES: (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR).

1.	NAME	ADDRESS	PHONE #	YRS ACQUAINTED
2.				
3.				

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME: _____

PHONE NUMBER _____

ADDRESS: _____

RELATION: _____

-- PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION --

ARE YOU PRESENTLY WORKING? YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME ? YES _____ NO _____

DO YOU HAVE YOUR OWN TRANSPORTATION? YES _____ NO _____

ARE YOU INTERESTED IN A PART TIME OR FULL TIME POSITION? P/T _____ F/T _____ EITHER _____

DESIRED RATE OF PAY - \$ _____ /HOUR DESIRED HOURS PER WEEK - _____

Briefly explain why Moonlight should consider you for employment.

The age discrimination in EMPLOYMENT ACT of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. MOONLIGHT IS AN EQUAL OPPORTUNITY EMPLOYER.

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF FALSIFIED, STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED, TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE."

DATE _____ SIGNATURE _____

Please return this application by MAIL to:

MOONLIGHT OFFICE CLEANERS, INC.
1289 Laurelwood Road
Pottstown, PA 19465

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

DATE STARTED: _____ STARTING RATE: _____

JOB SITE HIRED FOR: _____ WEEKLY HOURS: _____