



AIM CLEANING LLC

www.aimcleaningcompany.com aimcleaningllc@gmail.com

PO BOX 133 ALTO MI 49302 616.818.8066

Dear Applicant:

Thank you for your interest in a position with our company. AIM Cleaning LLC is a commercial cleaning company looking for reliable and experienced cleaners in the West Michigan area who are willing to work approximately 30 hours per week. Pay is based on experience starting at \$12 per hour. You must have reliable transportation and a valid driver's license.

Please fill out the application and return to the above address or email to aimcleaningllc@gmail.com. If you have any questions, please contact us.

To submit application online please download Adobe Acrobat Reader DC and follow the fill and sign instructions.



Acrobat Reader DC; To install please click <https://get.adobe.com/reader/>



Fill and Sign; Easily send forms fast from your desktop, browser, or tablet device
<https://helpx.adobe.com/reader/using/fill-and-sign.html>

Sincerely,

Tammy White

Tammy White
Owner
AIM Cleaning LLC



AIM CLEANING LLC
(AN EQUAL OPPORTUNITY EMPLOYER)

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APPLICATION FOR EMPLOYMENT
(PLEASE PRINT PLAINLY)

★ PERSONAL INFORMATION ★

Date of application: _____ 20 _____

Name _____
Last First Middle

Address _____
Street City State Zip

Phone number: Home _____ Work _____ Cell _____

Social Security No. _____ Are you known by any other name. Yes No

Position applied for _____ When can you start? _____

Are you legally eligible for employment in the USA? Yes No Are you eighteen years or older? Yes No

Are you presently employed? Yes No If yes, may we contact your present employer? Yes No

Have you ever been denied bond? Yes No If yes, please state reason? _____

Have you ever been convicted of or charged with: rape, sexual assault, sexual molestation, child molestation, or any other sexual, morals or related offenses? Yes No

If yes, explain: _____

Aside from the above, have you been convicted of a felony within the past 7 years? Yes No

If yes, explain: _____

Do you have a valid driver's license? Yes No State _____ Driver's license number: _____

Has your driver's license been suspended or revoked within the past 7 years? Yes No

If yes, please explain: _____

Do you have a drinking problem or any addiction or dependence on drugs? Yes No

If yes, explain: _____

Have you ever sought treatment for an alcohol or drug related problem? Yes No

If yes, explain: _____

Do you regularly take any prescription drugs or other medications that may affect you during work? Yes No

If yes, what is the medication and reason for taking it? _____

In case of an emergency, do you have any ailments or medical information that doctors should be notified of? Yes No

If yes, please state reason: _____

In case of an emergency contact: (Name) _____

(Phone) _____ (Relationship) _____

★ EDUCATION ★

HIGH SCHOOL

School name and address _____

Highest grade completed _____ Year graduated _____

COLLEGE / UNIVERSITY

School name and address _____

Highest year completed _____ Year graduated _____

Diploma / Degree describe course of study _____

TRADE / BUSINESS

School name and address _____

Highest year completed _____ Year graduated _____

Diploma / Degree describe course of study _____

★ **EMPLOYMENT EXPERIENCE** ★

LIST LAST FOUR EMPLOYERS, NAMING MOST RECENT JOB FIRST

Employed from _____ to _____

Employer name _____

Employer address _____

Employer phone number _____

Salary _____ position _____

Reason for leaving _____

Employed from _____ to _____

Employer name _____

Employer address _____

Employer phone number _____

Salary _____ position _____

Reason for leaving _____

Employed from _____ to _____

Employer name _____

Employer address _____

Employer phone number _____

Salary _____ position _____

Reason for leaving _____

Employed from _____ to _____

Employer name _____

Employer address _____

Employer phone number _____

Salary _____ position _____

Reason for leaving _____

★ REFERENCES ★

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

★ GENERAL INFORMATION ★

What days are you available? (Specify beginning and ending time each day including weekends)

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

How far are you willing to drive? _____

Auto make _____ Year _____ License plate number _____ State _____

Do you own or have access to a computer? Yes No Do you own or have access to a smart phone Yes No

Do you have internet access? Yes No If yes please provide e mail address? _____

Do you have experience working with Microsoft Office / Quick Books / T-Sheets Yes No

If yes, explain: _____

List any achievements you have in academics, or any charities that you have participated in.

Foreign languages?
