EMPLOYMENT APPLICATION

Please complete the entire application.

all

1. Employer	Information
Employer:	Carrillo's Cleaning Services Inc.
Address:	2996 Teagarden St
City/State/ZIP:	6
Telephone:	510 551-9515
applicants and emp	Carrillo's Cleaning Services Inc. to provide equal employment opportunities to bloyees without regard to any legally protected status such as race, color, tional origin, age, disability or veteran status.
2. Applicant l	Information
Applicant Full Nan	ne:
Home Address:	
City/State/ZIP:	
Number of years a	t this address:
Daytime phone: _	Evening phone:
Mobile phone:	
Social Security Nu	mber:
	state/Number):
3. Emergency	Contact
Who should be cor	ntacted if you are involved in an emergency?
Contact Name:	
Relationship to you	:
Address:	
City/State/ZIP:	
Daytime phone: _	Evening phone:
4. Job Positio	on Applied For:

4.

Full or Part Time?

5.	e list here:		
6.	Have you applied to our company previously? If yes, when?		No
7.	Are you at least 18 years old?	Yes	No
8.	If hired, are you able to submit proof that you are employment in the United States? Yes	legally eligible fo	
9.	Applicant's Skills		
seeking	those skills that you have. List any other skills that g. Enter the number of years of experience, and cibility for each particular skill. (One represents poor	rcle the number w	hich corresponds to
Ski [] []	Il Typing Answering telephones Customer service	Years of Expe	1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5
10.	Applicant Employment History		
and mill gaps in Employ Superv Addres City/St Job Du Reason	ate/ZIP:	n the most recent, a	and list and explain any age of this application.

Employer Name:			
Supervisor Name:			
Address:			
City/State/ZIP:			
Job Duties:			
Reason for Leaving:			
Dates of Employment	(Month/Year):		
Employer Name:			
Supervisor Name:			
Address:			
City/State/ZIP:			
Job Duties:			
Reason for Leaving:			
Dates of Employment			
11. Applicant's Ed College/University Na			
Did you receive a deg	ree?Yes	No	If yes, degree(s) received
High School/GED Na	me and Address		
Did you receive a degr	ree?Yes	No	
Other Training (gradua	ate, technical, vocation	onal):	
Please indicate any cur	rrent professional lic	enses or certifica	ations that you hold:
Awards, Honors, Spec	cial Achievements:		

12. References

Name:					
Address:			-		
City/State/ZIP:			-		
Telephone:					
Relationship:					
Name:			_		
Address:			_		
City/State/ZIP:			_		
Telephone:		_			
Relationship:		_			
	Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:				

List any two non-relatives who would be willing to provide a reference for you.

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 Carrillo's Cleaning Services Inc. 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 und	lerstand that unless I am offered a sp	pecific written
contract of employment signed on behalf of th	ne organization by its	, the
employment relationship will be "at-will." In ot	ther words, the relationship will be e	ntirely voluntary
in nature, and either I or my employer will be a	able to terminate the employment re	lationship at any
time and without cause. With appropriate notic	ce, I will have the full and complete	discretion to end
the employment relationship when I choose and	d for reasons of my choice. Similarly	y, my employer
will have the right. Moreover, no agent, repres	sentative, or employee of Carrillo's	Cleaning Services
Inc., except in a specific written contract of em	ployment signed on behalf of the or	rganization by its
, has the power to alter o	or vary the voluntary nature of the e	employment
relationship.		
I HAVE CAREFULLY READ THE ABOVI	E CERTIFICATION AND I UND	ERSTAND
AND AGREE TO ITS TERMS.		
		
APPI ICANT SIGNATURE	DATE	