



APPLICATION FOR EMPLOYMENT

DATE: _____

Our Pleasure Cleaning Services is committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including, but not limited to, race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, physical or mental disability, veteran status, or any other legally protected basis.

Please email completed application to info@cesarholdings.com

PERSONAL INFORMATION

FULL NAME: _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite
City State Zip Code

E-MAIL: _____ PHONE: _____

SOCIAL SECURITY NUMBER (SSN): _____ - _____ - _____

DATE AVAILABLE: _____ DESIRED PAY: \$ _____ HOUR SALARY

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL

DO YOU HAVE FULL TIME ACCESS TO A VEHICLE? YES NO

WOULD YOU HAVE DIFFICULTY STANDING, BENDING, OR KNEELING IN CONNECTION WITH PERFORMING NECESSARY CLEANING DUTIES? YES NO

ARE YOU PRESENTLY EMPLOYED? YES NO

IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYERS? YES NO

WHICH OF THE FOLLOWING CATEGORIES OF JOBS HAVE YOU HAD?

- | | | |
|--|---|--|
| <input type="checkbox"/> HOUSECLEANING | <input type="checkbox"/> HOTEL/MOTEL | <input type="checkbox"/> RESTAURANT |
| <input type="checkbox"/> JANITORIAL | <input type="checkbox"/> FAST FOOD | <input type="checkbox"/> MANUFACTURING |
| <input type="checkbox"/> SALES | <input type="checkbox"/> OTHER (EXPLAIN): _____ | |

EMPLOYMENT ELIGIBILITY

ARE YOU A U.S. CITIZEN? YES NO*

***IF NO, ARE YOU ALLOWED TO WORK IN THE U.S.?** YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO

***IF YES, PLEASE EXPLAIN:** _____

EDUCATION

HIGH SCHOOL: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? YES NO **DIPLOMA:** _____

COLLEGE: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? YES NO **DEGREE:** _____

OTHER: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

DEGREE/CERTIFICATION: _____

OTHER: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____

Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

REASON FOR LEAVING: _____

EMPLOYER 3: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

REASON FOR LEAVING: _____

PERSONAL REFERENCES

FULL NAME: _____ OCCUPATION: _____
First Last

COMPANY: _____ YEARS KNOWN: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ OCCUPATION: _____
First Last

COMPANY: _____ YEARS KNOWN: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ **OCCUPATION:** _____
First Last

COMPANY: _____ **YEARS KNOWN:** _____

E-MAIL: _____ **PHONE:** _____

MILITARY SERVICE

ARE YOU A VETERAN? YES NO

BRANCH: _____ **RANK AT DISCHARGE:** _____

FROM: _____ **TO:** _____

TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

PRINT NAME _____ **DATE** _____

SIGNATURE _____

EMPLOYEE LIABILITY & RELEASE / HOLD HARMLESS AGREEMENT

In order for Our Pleasure Cleaning Services to provide access to its employees to be eligible to work, we require all employees that wish to participate in this employment to read and sign the following Employee Waiver of Liability & Release/Hold Harmless Agreement.

Please write legibly and provide the appropriate responses in all blank spaces.

Date

Participant Name: (First) (Last)

Address: (City), (State) (Zip Code)

Phone Number

Please initial each statement:

_____ I know that physical activity is potentially hazardous and that I should not engage in any activity unless I am medically/physically able. I certify that I am in good health and have no reason to believe I am not physically capable of participating in the event. (Remember, it's always advisable to check with your physician).

_____ I assume all risks that are associated with my participation in the employee wellness program, including, but not limited to, injury, property damage, permanent disability, disease and death resulting as a result of my participation in this program.

_____ For and in consideration of being permitted to participate in the wellness program, I hereby waive, release, discharge, hold harmless, and covenant not to sue the Our Pleasure Cleaning Services and their officers, employees, agents, and other personnel, all of which are hereafter referred to as the "releases", from any and all liability for any claims, demands, losses or damages on account of any injury, including death or permanent and partial disability, disease, and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise in connection with and/or arising out of my participation in, and medical care received at/during the program for whatever reason. I acknowledge that participation is voluntary. I acknowledge that during the time I am participation in the program I am outside the course and scope of my employment with Our Pleasure Cleaning Services is not responsible under workers' compensation law for any injury that might occur.

_____ I assume all responsibility and agree to indemnify the Our Pleasure Cleaning Services and their officers and employees for any acts of misconduct or negligence committed by myself in connection with the aforementioned participation and activity, which may result in damage, destruction, or harm to any property, or injury or death to any person or persons.

_____ This agreement is binding on all persons and entities claiming by, through, for, or on account of their relationship to me, including, but not limited to, my heirs, successors, and assigns.

In signing this agreement, I acknowledge and represent that I have read and understand it; that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same; and that I am at least eighteen (18) years of age and fully competent.

I HAVE READ THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND AGREE TO BE BOUND BY IT.

Name: (First) (Last)

Date of Birth

E-Mail Address

Employee Participant Signature Date