



Sunshine  
Maids  
CLEANING SERVICES

## EMPLOYMENT APPLICATION

PLEASE PRINT

NAME:	HOME PHONE:
DATE OF BIRTH:	CELL PHONE:

### ADDRESS

STREET:		
CITY:	STATE:	ZIP:

SOCIAL SECURITY NUMBER:	ARE YOU WILLING TO SUMIT TO DRUG TESTING?	
	YES	NO
DRIVERS LICENSE NUMBER:		
STATE ISSUED:	EXPIRATION:	

HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF A CRIME?

EXPLAIN:
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DO YOU HAVE HOUSE CLEANING EXPERIENCE? **IF YES PLEASE LIST**

COMPANY:	
REASON FOR LEAVING:	
START DATE:	END DATE:

REFERENCES:

	NAME	RELATIONSHIP	PHONE
1			
2			
3			

WHAT SHIFTS ARE YOU AVAILABLE TO WORK?

ARE THERE ANY DAYS OR HOURS YOU ARE NOT AVAILABLE TO WORK?

HAVE YOU INCLUDED A COPY OF YOUR MVR REPORT?

HAVE YOU INCLUDED A COPY OF YOUR BCI REPORT?

**BY SIGNING BELOW, I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS ACCURATE. I UNDERSTAND THAT WITHHOLDING OF INFORMATION OR GIVING FALSE INFORMATION WILL RESULT IN A REFUSAL TO HIRE OR IN DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION OF MY EMPLOYMENT.**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PRINT