



Employer:	Dates Employed:	Summarize job you performed:
City: Provice	From:	
Phone Number: ( )	To:	
Your Job Title: Supervisor's Name:	May we contact for reference?	Reason for Leaving:
Hourly Rate/ Salary:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Starting: Final:		

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Starting: Final:		

Comments ( including explanation of any gaps in your employment history)

### EDUCATIONAL BACKGROUND

List the last two schools you attended, starting with the most recent.

School:	City: Provice	Years Completed:

### PERSONAL REFERENCES

List the name and telephone number of three (3) personal references not related to you.

Name:	Telephone Number:	Years Known:
	( )	
	( )	
	( )	

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by any local, provical or federal law.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause, and without any prior notice. I understand that not representative of this employer has any authority to make me any assurances to the contrary.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

ACCU CLEAN  
AVAILABILITY WORKSHEET

\*\* Include all times of availability, as well as maximum hours able to work per day.

MONDAY \_\_\_\_\_

TUESDAY \_\_\_\_\_

WEDNESDAY \_\_\_\_\_

THURSDAY \_\_\_\_\_

FRIDAY \_\_\_\_\_

SATURDAY \_\_\_\_\_

SUNDAY \_\_\_\_\_

ANY ADDITIONAL NOTES REGARDING AVAILABILITY:

Worksheet Completed: \_\_\_\_\_

Employee: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

## Authorization To Release Information

We clean in professional offices that require a high level of security. I hereby authorize Accu Clean Professional Services to obtain any information available pertaining to my criminal background.

I hereby release Accu Clean Professional Services and the agency furnishing the information to this company from any liability or any damage that may result because of information requested.

The following information is provided to allow a criminal background check:

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_