



# Kelly's Concierge & Cleaning Services

## Employment Application

| Applicant Information                                                                                                                                 |         |                      |              |                                                                                                |                |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------|--------------|------------------------------------------------------------------------------------------------|----------------|--------|
| Last Name                                                                                                                                             |         | First Name           |              | M.I.                                                                                           | Date:          |        |
| Street Address                                                                                                                                        |         |                      |              | Apartment #                                                                                    |                |        |
| City                                                                                                                                                  |         |                      | State        |                                                                                                | ZIP            |        |
| Home Phone #                                                                                                                                          |         | Cell Phone #         |              | Email Address                                                                                  |                |        |
| Date Available                                                                                                                                        |         | Position Applied For |              |                                                                                                | Desired Salary |        |
| Are you a citizen of the United States?                                                                                                               |         | Yes                  | No           | If not, are you authorized to work in the US?<br>(Note: please provide proof of authorization) |                |        |
| Have you ever been convicted of a felony or a first degree misdemeanor?<br><br>(Note: a "Yes" answer does not automatically bar you from employment.) |         | Yes                  | No           | If yes, state charges and dates:                                                               |                |        |
| Education                                                                                                                                             |         |                      |              |                                                                                                |                |        |
| Institution                                                                                                                                           |         | Years Attended       |              | Did you graduate?                                                                              |                | Degree |
| High School & Address                                                                                                                                 |         | From                 | To           | Yes                                                                                            | No             |        |
| College & Address                                                                                                                                     |         |                      |              |                                                                                                |                |        |
| Other                                                                                                                                                 |         |                      |              |                                                                                                |                |        |
| References <i>Please list three professional references</i>                                                                                           |         |                      |              |                                                                                                |                |        |
| 1.Full Name                                                                                                                                           |         |                      | Relationship |                                                                                                |                |        |
|                                                                                                                                                       | Company |                      | Phone #      |                                                                                                |                |        |
|                                                                                                                                                       | Address |                      |              |                                                                                                |                |        |
| 2.Full Name                                                                                                                                           |         |                      | Relationship |                                                                                                |                |        |
|                                                                                                                                                       | Company |                      | Phone #      |                                                                                                |                |        |
|                                                                                                                                                       | Address |                      |              |                                                                                                |                |        |
| 3.Full Name                                                                                                                                           |         |                      | Relationship |                                                                                                |                |        |
|                                                                                                                                                       | Company |                      | Phone #      |                                                                                                |                |        |
|                                                                                                                                                       | Address |                      |              |                                                                                                |                |        |

| <b>Previous Employment</b> <i>(start with your last job)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                    |               |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|---------------|----|
| <u>1. Company</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                    | Phone #       |    |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                    | Supervisor    |    |
| Job Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Starting Salary |                    | Ending Salary |    |
| Responsibilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                    |               |    |
| From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | To              | Reason for leaving |               |    |
| May we contact your previous supervisor for a reference?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                    | Yes           | No |
| <u>2. Company</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                    | Phone #       |    |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                    | Supervisor    |    |
| Job Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Starting Salary |                    | Ending Salary |    |
| Responsibilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                    |               |    |
| From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | To              | Reason for leaving |               |    |
| May we contact your previous supervisor for a reference?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                    | Yes           | No |
| <u>3. Company</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                    | Phone #       |    |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                    | Supervisor    |    |
| Job Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Starting Salary |                    | Ending Salary |    |
| Responsibilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                    |               |    |
| From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | To              | Reason for leaving |               |    |
| May we contact your previous supervisor for a reference?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                    | Yes           | No |
| <b>Military Service</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                    |               |    |
| Branch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 | From               | To            |    |
| Rank at Discharge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 | Type of Discharge  |               |    |
| If other than honorable, explain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                    |               |    |
| <b>Disclaimer &amp; Signature</b> <i>Carefully read each statement before signing at the bottom</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                    |               |    |
| <p>I certify that all of the information provided in this employment application is true, correct and complete to the best of my knowledge. I authorize investigation of all statements contained in this application, including a criminal background, credit history check and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.</p> <p>I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.</p> <p>I understand that employment at this company is "at will" which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of this company, other than the owner has any authority to alter the foregoing.</p> <p>I have read, understand and agree to the above statements.</p> |                 |                    |               |    |
| Signature (can be signed at first interview)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                    | Date          |    |