

# **Application for Employment**

Date

A MerMaids Choice 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 Jamie@amermaidschoice.com

## PERSONAL BACKGROUND

| Last Name   | First Name                  | Middle Nar     | iddle Name       |  |  |  |
|---|-----------------------------|----------------|------------------|--|--|--|
| Present Address   | City                        | State          | ZIP              |  |  |  |
| Permanent Address   | City                        | State          | ZIP              |  |  |  |
| Telephone Number P  | erson to contact in case of | f emergency E  | mergency phone # |  |  |  |
| SOCIAL SECURITY NUMBER  |                             |                |                  |  |  |  |
| DRIVER'S LICENSE #  |                             | STA            | NTE              |  |  |  |
| Driving is a requirement of the job. Is license valid?  | your                        | 2 Yes          | 2 No             |  |  |  |
| Do you have full time access to a veh   | icle?                       | 2 Yes          | 2 No             |  |  |  |
| Is your vehicle in good and safe mechanical condition?  |                             | 2 Yes          | No               |  |  |  |
| Is the vehicle covered by comprehens<br>liability insurance? What company?                              |                             | I Yes<br>Polic | 2 No<br>sy #     |  |  |  |
| Make of vehicle   | Model                       | YR             |                  |  |  |  |
| Are you able, at the time of employme<br>submit verification of your legal right t<br>work in the U.S.? |                             | 2 Yes          | 2 No             |  |  |  |

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|--|---|---------------------------|----------------|--------------------------------------|-------------------|-----------------|------------------|--------------------------------------|------------------------------------|
| Would you have difficulty standing, bending, or kneeling in connection with performing necessary cleaning duties?                        |   |                           |                |                                      |                   | ,               | 2 Yes            | 2 No                                 |                                    |
| What hours are you available to work on the following week days?   |   |                           |                |                                      |                   |                 |                  |                                      |                                    |
| MON  |   | TUE                       | N              | WED                                  |                   | THU             | FRI              | SATURDAY?<br>If work available<br>TO | SUNDAY?<br>If work available<br>TO |
| If you are hi  | red, wher                                 | n can you s               | start work     | ?                                    |                   | ?               |                  |                                      |                                    |
| Are you pres   | sently em                                 | ployed?                   |                |                                      |                   |                 | 2 Yes            | 2 No                                 |                                    |
| If yes, may v  |   |                           |                | -                                    |                   |                 | 2 Yes            | 2 No                                 |                                    |
| Which of the   | following                                 | g categorie               | es of jobs     | have ye                              | ou had?           |                 |                  |                                      |                                    |
|  | Housecleaning 2 Hotel/Motel               |                           |                | ?                                    | Restauran         | t               |                  |                                      |                                    |
|  | t Food<br>nemaker                         |                           | ?<br>?         | Janito                               | rial<br>facturing | ?               | Sales<br>Service |                                      |                                    |
|  | er (explai                                | n):                       | Ľ              | IVIANU                               | lacturing         | 1               | Service          |                                      |                                    |
| WORK EXPERIENCE<br>List below your last three employers, starting with your present or last place of employment. You may include in such |   |                           |                |                                      |                   |                 |                  |                                      |                                    |
| history any Date   | verified w                                | vork perfor<br>Name and / |                | volunte                              | eer basis.        |                 |                  |                                      |                                    |
| Mo./Yr.<br>Fr:   |   | of Empl                   |                |                                      | Salary            | Position        |                  | Reason for Leavi                     | ng                                 |
|  |   |                           |                |                                      |                   |                 |                  |                                      |                                    |
| To:  |   |                           |                |                                      |                   |                 |                  |                                      |                                    |
| Supervisor's Name:   |   |                           | Telephone:     | Γ                                    |                   |                 |                  |                                      |                                    |
| Fr:  |   |                           |                |                                      |                   |                 |                  |                                      |                                    |
| To:  |   |                           |                |                                      |                   |                 |                  |                                      |                                    |
| Supervisor's Name:   |   |                           |                | Telephone:                           |                   |                 |                  |                                      |                                    |
| Fr:  |   |                           |                |                                      |                   |                 |                  |                                      |                                    |
| To:  |   |                           |                |                                      |                   |                 |                  |                                      |                                    |
| Supervisor's Name:   |   |                           |                |                                      |                   | Telephone:      | 1                |                                      |                                    |
| STATE Y<br>EDUCATIO<br>BACKGRO   | <b>FIONAL</b> NAME AND LOCATION OF SCHOOL |                           | CHOOL          | CIRCLE HIGHEST<br>GRADE<br>COMPLETED |                   | MAJOR AREA OF S | STUDY            |                                      |                                    |
| High<br>School   |   |                           | 9 10 11 12/GED |                                      |                   |                 |                  |                                      |                                    |
| Colleg   | e   |                           |                |                                      |                   | 1234            |                  |                                      |                                    |
| Trade, Bus<br>or<br>Graduate S   |   |                           |                |                                      |                   |                 |                  |                                      |                                    |

| A Mer  | Naids Choice Application for E  | mployn      | nent - Con    | tinued       |              |                  |                                  |  |
|--|---|-------------|---------------|--------------|--------------|------------------|----------------------------------|--|
| Have y   | ou ever been convicted of a cri   |             | 2 Yes         | I No         |              |                  |                                  |  |
| If yes,  | explain:  |             |               |              |              |                  |                                  |  |
| Have you ever been bonded?   |   |             |               |              |              |                  | 2 No                             |  |
| Has yo   | our driver's license ever been su   |             | 2 Yes         | 2 No         |              |                  |                                  |  |
| Note: D<br>police ba   | explain:<br>ue to the security-sensitive nature of th<br>ackground and driving record check on<br>DNAL REFERENCES |             |               |              |              | s a matter of po | olicy, A Clean Vision conducts a |  |
|  | e names of three persons not re   | lated to    | you, whor     | n you have l | known for a  | at least thre    | e years.                         |  |
| 1.   | 1. Name: Occupation: F  |             |               |              |              |                  |                                  |  |
|  | Address:  |             |               |              |              | Years Know       | n:                               |  |
| 2.   | Name:   | Occupation: |               |              | Phone:       |                  |                                  |  |
|  | Address:  |             |               |              |              | Years Known:     |                                  |  |
| 3.   | Name:   | Occupation: |               |              | Phone:       |                  |                                  |  |
|  | Address:  |             |               |              |              | Years Known:     |                                  |  |
| To what extent would the following job characteristics be attractive to you?   |   |             | VERY<br>GREAT | GREAT        | SOME<br>WHAT | LITTLE           | VERY LITTLE                      |  |
| Image: The second se                  |   |             |               |              |              |                  |                                  |  |
| 2 Worki  | ng in a team environment  |             |               |              |              |                  |                                  |  |
| Image: The opportunity to become a team manager.   |   |             |               |              |              |                  |                                  |  |
| Physical activity and exercise.  |   |             |               |              |              |                  |                                  |  |
| Image: The opportunity to work full-time part-time Image: The opportunity to work full-time part-time  |   |             |               |              |              |                  |                                  |  |
| Helping clients by keeping their homes clean.  |   |             |               |              |              |                  |                                  |  |
| Image: Construction of the second sec |   |             |               |              |              |                  |                                  |  |
| Recognition from management for good work.   |   |             |               |              |              |                  |                                  |  |
|  | you hear about us?<br>paper Ad  | I           | Referred      | l by:        |              | ۱<br>            | ۱<br>۱<br>۱ Other:               |  |

#### A MerMaids Choice Application for Employment - Continued

## PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS WHICH ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

### **APPLICANT'S STATEMENT**

In signing this application, I certify that all of the foregoing information is a complete and accurate statement of the facts and understand that if any misrepresentation, omission or falsification be discovered, it will constitute grounds for dismissal. I hereby authorize A MerMaids Choice, to which I am applying, to conduct any investigation necessary concerning any part of my background related to the position I am seeking, including, but not limited to, the obtaining of a police report and driving record. I authorize any of the persons or organizations named in this application to provide complete information and records regarding my employment, education, character and gualifications. I release all parties from any liability in connection with the provision and use of such information.

I understand and agree that, if employed by A MerMaids Choice, I will be responsible for familiarizing myself with all rules and regulations of A MerMaids Choice as they presently exist or are later modified and that I will abide by its rules and regulations which I understand are subject to change.

ſ ] YES ſ 1 NO

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] NO

1 YES

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I also understand that no representative of A MerMaids Choice has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment. I further understand that, if hired, my employment is for no definite period of time and may be terminated by either party at any time.

ſ 1 YES 1 NO ſ

I have read, understand and agree with the above.

Applicant's Signature

Date

This application is current for only 60 days from the date above signed. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.