

Complete Home Services Employment Application

Date: _____

Applicant Name: _____

Address:

Home Phone: _____ Cell Phone: _____

Email Address:

DO YOU HAVE A VALID DRIVER'S LICENSE? YES or NO (please circle)

DO YOU HAVE TRANSPORTATION? YES or NO

Have you ever been convicted of a criminal offense (felony or misdemeanor)? YES or NO

EDUCATION

High School:

City, State, Zip:

Did you graduate? YES or NO

PREVIOUS EMPLOYMENT

Company: _____

Start Date: _____ End

Date: _____

Length of Employment: _____

Job Duties:

Reason for leaving: _____

Company: _____

Start Date: _____ End

Date: _____

Length of Employment: _____

Job Duties:

Reason for leaving: _____

Company: _____

Start Date: _____ End

Date: _____

Length of Employment: _____

Job Duties:

Reason for leaving: _____

PREVIOUS EMPLOYMENT REFERENCES (please list name and phone number)

1. _____

2. _____

3. _____

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EMPLOYMENT QUESTIONNAIRE

* Are you aware, willing and able to work **PART TIME** with various hours? YES OR NO

* Do you have reliable transportation? YES or NO

* Will you work weekends, if necessary? YES or NO

* Are you aware, willing and able to have a working phone, which you will be required to carry on at jobs? YES or NO

* If you have children, do you have childcare arrangements in place?
YES or NO

*Are you aware that we have a no smoking policy and that there is to be no smoking at job sites? YES or NO