

## EMPLOYMENT APPLICATION

Date of Application: \_\_\_\_\_

### AN EQUAL OPPORTUNITY EMPLOYER

Name:		
Address:		
City:	State:	Zip Code:
Home Phone:	Social Security Number:	
Cell Phone:		
E-mail Address:		

### GENERAL INFORMATION

Position applied for: **Manager ? Telemarketer? Janitor? Other** \_\_\_\_\_

Available to work: **Full-Time ? Part-Time ?**

Date available to start work:

BriteStar Cleaning Inc. works 7 days a week  
Please fill in the hours you are available to work

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

If you are under age 18, can you provide a work permit if offered a job? **Yes ? No ?**  
(BriteStar Cleaning Inc. does not employ people under 16 years of age)

If you are not a U.S. citizen, do you have the right to work in the U.S.? **Yes ? No ?**

Have you been convicted of a felony within the last seven years? **Yes ? No ?**  
(Please exclude convictions that have been sealed, expunged, or legally eradicated. A conviction is not an automatic bar to employment. Each case will be considered on its own merits.)

If yes, please identify the charge, the court, the date of the conviction, and the disposition of the case:

Have you ever applied for a position with or worked for this Company before? **Yes ? No ?**

If yes, specify dates:                      From:    To:

## EDUCATION

	Name of School and Address	Major	No. of Years Completed	Did you Graduate?
High School				
College				
Other (Specify)				

## EMPLOYMENT HISTORY

Please list your present and past work experience for the last 10 years, beginning with your current job. You may include volunteer activities.

Name of Employer:	From	To
	Month Year	Month Year
Address: <small>(Street, City &amp; State)</small>	Telephone:	Starting: Pay
Position:	Supervisor:	Final:
Description of Duties:		
Reason for Leaving:		
Name of Employer:	From	To
	Month Year	Month Year
Address: <small>(Street, City &amp; State)</small>	Telephone:	Starting: Pay
Position:	Supervisor:	Final:
Description of Duties:		
Reason for Leaving:		
Name of Employer:	From	To
	Month Year	Month Year
Address: <small>(Street, City &amp; State)</small>	Telephone:	Starting: Pay
Position:	Supervisor:	Final:
Description of Duties:		
Reason for Leaving:		

**If you need additional space, please continue your response on the back side.**

To assist us to check records and to verify prior employment and education, please indicate whether you were ever employed or enrolled in a school under a name other than that used on this application:	Yes ?	No ?
If yes, please specify the name you were employed or enrolled under: _____		
If you are employed now, may we contact your current employer?	Yes ?	No ?
Are you able to perform the essential duties of the position for which you are applying, either with or without reasonable accommodations?	Yes ?	No ?
Are you a veteran of the United States military service?	Yes ?	No ?
If yes, please state branch of service: _____		
Please list any job-related professional, trade, business or civic activities, organizations and associations. (You may omit those which indicate race, color, religion, national origin, ancestry, sex, age, or the existence of a disability): _____ _____		

Please provide the names, addresses, and telephone numbers of at least two references who are not related to you:

\_\_\_\_\_

\_\_\_\_\_

**I hereby certify** that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the Company unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the Company contacts, to provide the Company any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Company as well as from any use or disclosure of such information by the Company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

*In consideration of my employment, I agree to conform to the rules and standards of the Company. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. I understand that no employee or representative of the Company, other than its **president**, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the **president** of the Company may not alter the at-will nature of the employment relationship unless the **president** and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this constitutes an integrated agreement with respect to the at-will nature of my employment relationship, that it is final and fully binding, and that there are no oral, written, or collateral agreements regarding this issue.*

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

Signature of Applicant	Date