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244 5th Avenue, #R239, New York, NY 10001

F: 212-726-3268

Employment Application Pre employment questionnaire

DATE: _____

Personal Information

Name (last name first)	Social Security No.
Present address, City	State, Zip Code
Permanent address, City	State, Zip Code
Phone number	Referred by

Employment Desired

Position desired	Date you can start	Salary desired
Are you employed now? yes _____ No _____	If so, may we contact your present employer? yes _____ No _____	Are you legally authorized to work in the US? yes _____ No _____
ever applied to this company before? yes _____ No _____	Where?	When?

Education History

	Name and location of school	Years attended	Did you graduate?	Major
High School				
College				
Trade, Business School, other				

General Information

Subjects of special study/research work	
Special training	
Special Skills	
US Military or Naval Service	Rank

Former Employment

Month, Date, Year	Name and Address	Salary	Position	Reason for leaving
From To				
From To				
From To				
From To				

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

References

Name	Address	Business	Years known

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on his application shall be ground for dismissal.
 I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.
 I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.
 This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

Interview by: _____ Date: _____

Remarks

Neatness	Character
Personality	Ability
Hired	Dept
Position	Will Report
Salary	

Approved 1 _____ 2. _____ 3. _____
 Emp. Mgr Dept. Head Gen. Mgr.