

CAREERS

To apply for a position with Meyers Cleaning Service, please fill out the form below.

Please fill out the form below.

Fields with a "*" are required.

BASIC INFORMATION

*** Full Name**

*** Present Address**

Apt. #

*** City**

*** State**

*** Zip**

*** Email Address**

*** Are you 18 or older?**
 Yes No

CONTACT INFORMATION

* Home Phone

Work Phone

Cell Phone

MISC. INFORMATION (OPTIONAL)

Date of Birth

Marital Status

EMPLOYMENT INFORMATION

* Desired employment position

* Date you can start?

* Expected hourly wage

* Employed currently?

Yes No

* If so, can we contact your current employer?

Yes No

* Who referred you to us?

* How many hours a week are you interest in if available?

* How many days/nights per week?

* Availability: check all that apply

Early mornings (5-8am) Daytime Evenings after 5pm Saturdays

EDUCATION

* Grammar school name and location

* Grammar school # of years

* Graduated grammar school?

Yes No

* Grammar school subjects studied

* High school name and location

* High school # of years

* Graduated high school?

Yes No

* High school subjects studied

* College name and location

* College # of years

* Graduated college?

Yes No

* College subjects studied

* Trade, business, or correspondence school name and location

* Trade, business, or correspondence school # of years

* Graduated Trade, business, or correspondence school?

Yes No

* Trade, business, or correspondence school subjects studied

* Subjects of special study or research work

* Special Training

* Special Skills

EMPLOYMENT INFORMATION (OPTIONAL)

Present Employer (or last)

Employer Name

Employer Address

Employer City

Employer State

Employer Zip

Starting Date

Leaving Date

Job Title

Weekly Starting Salary

 /week

Weekly final salary

 /week

May we contact your supervisor?

Yes No

Name of supervisor

Title of supervisor

Phone number

Description of work

Reason for leaving

Previous Employer

Employer Name

Employer Address

Employer City

Employer State

Employer Zip

Starting Date

Leaving Date

Job Title

Weekly Starting Salary

 /week

Weekly final salary

 /week

May we contact your supervisor?

Yes No

Name of supervisor

Title of supervisor

Phone number

Description of work

Reason for leaving

Previous Employer 2

Employer Name

Employer Address

Employer City

Employer State

Employer Zip

Starting Date

Leaving Date

Job Title

Weekly Starting Salary

 /week

Weekly final salary

 /week

May we contact your supervisor?

Yes No

Name of supervisor

Title of supervisor

Phone number

Description of work

Reason for leaving

PERSONAL REFERENCES

*** 1st Reference Name**

*** 1st Reference Address**

*** 1st Reference Phone Number**

*** 1st Reference: Years Acquainted**

*** 2nd Reference Name**

*** 2nd Reference Address**

*** 2nd Reference Phone Number**

*** 2nd Reference: Years Acquainted**

*** 3rd Reference Name**

*** 3rd Reference Address**

*** 3rd Reference Phone Number**

*** 3rd Reference: Years Acquainted**

MILITARY SERVICE RECORD

Branch of Service

Discharge Date

Notes:

OTHER

Have you been convicted of a felony within the last 5 years?

Yes No

If yes, please explain (will not necessarily exclude you from consideration)

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 this application shall be grounds 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 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."

We ask for your signature as your agreement to the above authorization. This signature is binding and you must answer truthfully as it was any other part of this application.

*** Signature**

*** Date**

Send