

# Candace Wagner Cleaning LLC

## Application for Employment

Date: \_\_\_\_\_

What time did you arrive? \_\_\_\_\_

What time was your appointment? \_\_\_\_\_

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally protected basis, including, but not limited to, race, age, color, religion, sex, national origin, citizenship, ancestry, physical or mental disability, veteran status, or any other legally protected basis.

### PERSONAL BACKGROUND

LAST NAME: \_\_\_\_\_ MI \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PREVIOUS (If less than 5 years at present address) ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL PHONE CARRIER: \_\_\_\_\_ PERSON TO CONTACT IN CASE OF EMERGENCY: \_\_\_\_\_ EMERGENCY CONTACT PHONE #: \_\_\_\_\_

CELL #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DRIVER'S LICENSE #:: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS JOB?\_\_ DO YOU KNOW OR ARE YOU RELATED TO ANYONE

WHO WORKS FOR CWC LLC? \_\_\_\_\_

Driving is a requirement of the job. Is your license valid? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have full time access to a vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is your vehicle in good working condition? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the vehicle covered by liability insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what company? \_\_\_\_\_

Policy Number: \_\_\_\_\_

Make of Vehicle: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Are you able, at the time of employment, to submit verification of your legal right to work in the U.S.?\* \_\_\_\_\_ Yes \_\_\_\_\_ No

*\*Verification and completion of the I-9 form must be submitted no later than 3 business days after hire.*

Are you able to lift 25 pounds or more?  Yes  No

Would you have difficulty standing, bending, or kneeling in connection with performing necessary cleaning duties?  Yes  No

Are you allergic to Household Chemicals?  Yes  No

Are you allergic to cats and/or dogs?  Yes  No

Are you afraid of cats and/or dogs?  Yes  No

What hours are you available to work on the following weekdays?

MONDAY      TUESDAY      WEDNESDAY      THURSDAY      FRIDAY  
 TO        TO        TO        TO        TO

If hired, when can you start work? \_\_\_\_\_

Are you presently employed?  Yes  No

If "yes" may we contact your present employer?  Yes  No

Which of the following categories of jobs have you had?

House Cleaning       Hotel/Motel       Restaurant  
 Fast Food       Janitorial       Sales  
 Homemaker       Manufacturing       Service

**Other (explain)** \_\_\_\_\_

**WORK EXPERIENCE**

List below your last three employers, starting with your present or last place of employment. You may include in such history any verified work performed on a volunteer basis.

Date Mo/Year	Name and Address Of Employer	Salary	Position	Reason for Leaving
From: To:				
Supervisor's Name:		Telephone Number:		

From: To:				
Supervisor's Name:		Telephone Number:		
From: To:				
Supervisor's Name:		Telephone Number:		

<b>EDUCATIONAL BACKGROUND</b>	<b>Name &amp; School Location</b>	<b>Circle Highest Grade Completed</b>	<b>Major Area of Study</b>
High School		9 10 11 12 / GED	
College		1 2 3 4	
Trade, Business or Graduate School			

Have you ever been convicted of a criminal offense?       Yes       No

If yes, explain: \_\_\_\_\_

Have you ever been bonded?       Yes       No

Has your driver's license ever been suspended?       Yes       No

If yes, explain: \_\_\_\_\_

*Note: Due to the security-sensitive nature of the job, all employees are required to be bonded. As a matter of policy, the company conducts a police background and driving record check on any applicant in consideration of hiring.*

**PERSONAL REFERENCES**

List the names of three persons not related to you, whom you have known at least three years.

NAME:	OCCUPATION:	PHONE:
ADDRESS:	CITY,ST, ZIP:	YEARS KNOWN:
NAME:	OCCUPATION:	PHONE:
ADDRESS:	CITY,ST, ZIP:	YEARS KNOWN:
NAME:	OCCUPATION:	PHONE:
ADDRESS:	CITY,ST, ZIP:	YEARS KNOWN:

**Check ONLY one box:**  I NEED this job  I WANT this job *(hint: there is no "right or wrong" answer, we just want to know you better in order to fill your schedule)*

Why are you interested in working for Candace Wagner Cleaning LLC?

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\_ Why do you think you are a good fit for this company?

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\_ How long do you see yourself working here?

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\_ Can you go without smoking for 4 hours?

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**PLEASE READ CAREFULLY**

**AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION**

I, the undersigned, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

I authorize Candace Wagner Cleaning LLC , and any security agency service working for them, to disclose orally and in writing the results of this verification process and/or interview to the designated authorized representative of this company.

I have read and understand this release and consent, and authorize the background verification. I authorize persons, schools, current and former employers, personal references and other organizations and Agencies to provide CWC LLC with all information that may be requested, and to conduct a verification, as deemed necessary by this Company to fulfill the job requirements, with regards to my motor vehicle records, credit history as allowed by EEOC and ECOA, and to receive any criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in Texas or any other States. I hereby release all the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original. All results will be proprietary and will be kept CONFIDENTIAL and disclosed orally and in writing only to the designated authorized representatives of this Company and its Clients.

I do hereby agree to forever release, discharge and indemnify CWC LLC and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information.

**APPLICANT:**

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Name, Typed or Printed**

\_\_\_\_\_ **S.S.#** \_\_\_\_\_  
**Signature**

**Address** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_ **State** \_\_\_\_\_

\_\_\_\_\_

**Maiden Name:** \_\_\_\_\_

**Please provide name, location and date of the school(s) attended:**

\_\_\_\_\_ **High School** **Location** **Date of Graduation**

\_\_\_\_\_ **Further Education** **Location** **Date of Graduation**

Criminal background check for \_\_\_\_\_ county / counties.