



PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

Name and Address		
Name (First, MI, Last) <input type="text"/>	Social Security Number <input type="text"/>	
Mailing Address <input type="text"/>		
City, State, and Zip Code <input type="text"/>		
Telephone <input type="text"/>	Alternate Phone <input type="text"/>	
Email <input type="text"/>		
Job Type		
Availability & Eligibility		
Are you available to work Monday - Friday from 8:30am - 3:30pm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you agree to completing a Pre-Employment background check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date I am available to start upon hire <input type="text"/>		
Additional Information		
Have you ever been employed by Marth Cleaning LLC in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain: <input type="text"/>		
Do you have reliable transportation to and from work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's license number <input type="text"/>	Issued in what state? <input type="text"/>
Have you had any accidents during the past three years? <input type="text"/>	How many? <input type="text"/>	
Have you had any moving violations during the past three years? <input type="text"/>	How many? <input type="text"/>	

Education

School	Location (mailing address)	Years Completed	Major	Degree or Diploma
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High School

College or Business/Trade School

Military

Have you even been in the Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date entered <input type="text"/>
Are you now a member of the National Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Discharge date <input type="text"/>

Specialty

Work Experience

Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.

Company <input style="width: 95%;" type="text"/>	Name of last supervisor <input style="width: 95%;" type="text"/>	Hrs/week <input style="width: 95%;" type="text"/>
Address <input style="width: 95%;" type="text"/>	Start Date <input style="width: 95%;" type="text"/>	Starting Salary <input style="width: 95%;" type="text"/>
City, State, and Zip Code <input style="width: 95%;" type="text"/>	End Date <input style="width: 95%;" type="text"/>	Final Salary <input style="width: 95%;" type="text"/>
Phone number <input style="width: 95%;" type="text"/>	Your last job title <input style="width: 95%;" type="text"/>	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? Yes No

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