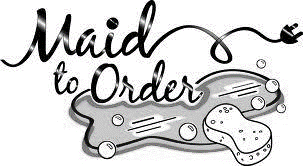
*We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally protected basis, including, but not limited to, race, age, color, religion, sex, national origin, citizenship, ancestry, physical or mental disability, veteran status, or any other legally protected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

**PERSONAL BACKGROUND**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Previous Address (*If Less Than 5 years at present address*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_

Home Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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 MAID TO ORDER FL? \_\_\_\_if yes who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency contact**

Name of contact in case of emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Availability**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| \_\_\_\_TO\_\_\_\_ | \_\_\_\_TO\_\_\_\_ | \_\_\_\_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

**Job Requirements**

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

\*Proof of auto liability insurance is required for employment and must be provide prior to working

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

Are you able, at the time of employment, to submit verification  
of your legal right to work in the USA? \_\_\_\_\_ 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 \_\_\_\_\_ Yes \_\_\_\_\_ No   
in connection with performing necessary cleaning duties?

Can you work with household chemicals? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you work in homes with pets? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there any accommodation you would need to perform the tasks above? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WORK EXPERIENCE**

Which of the following categories of jobs have you had?

\_\_\_\_ House Cleaning \_\_\_\_ Hotel/Motel \_\_\_\_ Restaurant \_\_\_\_ Fast Food \_\_\_\_ Janitorial \_\_\_\_ Sales

\_\_\_\_ Homemaker \_\_\_\_ Manufacturing \_\_\_\_ Service \_\_\_\_ Other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**  **Month/Year** | **Name and Address of Employer** | **Salary** | **Position** | **Reason for Leaving** |
| From:  To: |  |  |  |  |
| Supervisors Name: |  | Telephone Number: |  |  |
| From:  To: |  |  |  |  |
| Supervisors Name: |  | Telephone Number: |  |  |
| From:  To: |  |  |  |  |
| Supervisors Name: |  | Telephone Number: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| EDUCATIONAL BACKGROUND | School Location | Circle Highest Grade | Major Area of Study |
| High School |  | 9 10 11 12 / GED |  |
| College |  | 1 2 3 4 |  |
| Trade, Business or Graduate School |  |  |  |

**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 Maid to Order FL Inc?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long do you see yourself working here?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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.*

**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 Maid to Order FL, Inc., 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 Maid to Order 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 Maid to Order, FL., 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Full Name, Typed or Printed**

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

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_ Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any Other Form names used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**