

PO Box 492 | Alexandria, MN 56308 (320)760-6497 | touchoffreedom@outlook.com

EMPLOYEE APPLICATION FORM

Name:				
Bi	rthdate: Driver's License #:			
Pł	none: Email:			
A	ddress:			
1.	How did you learn about this job position?			
2.	How many hours do you prefer or are available to work per week?			
3.	What is your desired hourly rate?			
4.	Do you have any specific days you are NOT available?			
5.	Do you have a reliable vehicle? [] Yes [] No			
6.	Cleaning can be a physically demanding task. Do you have any disabilities that could affect your ability to perform the work required? [] Yes [] No If yes, please specify:			
7.	Do you have any training or previous job experience that qualifies you for the job of house or office cleaner? [] Yes [] No If yes, please specify:			
8.	It is our policy to bond each of our employees. Some criminal convictions can affect our ability to purchase a bond. Do you have any criminal convictions? [] Yes [] No If yes, please specify:			

EMPLOYMENT HISTORY

Ро	sition:	Date Range of Employment:			
En	nployer:	Manager's Name:			
Εn	nployer Phone:	Employer City and State:			
Jol	o Duties:				
Re	ason for leaving:				
	* * *				
Ро	sition:	Date Range of Employment:			
En	nployer:	Manager's Name:			
En	nployer Phone:	Employer City and State:			
Jol	o Duties:				
Re	ason for leaving:				
	5				
PF	RSONAL REFERENCES				
	Please name a personal reference, not including a past employer or family member.				
1.					
١.	Name of employer or company: Type of business:				
	Address:				
	Position:				
	Telephone:	Email:			

The facts set forth in my application are true and complete. I understand that false statements on this application shall be considered sufficient cause for action.				
Applicant Signature:	Date:			
CRIMINAL BACKGROUND CHECK NOTIFICATION				
As a condition of employment, all offers of employment are contingent upon passing a criminal background check, which may include, but is not limited to, a criminal history record information. Please note that the existence of a criminal record does not necessarily exclude an applicant from employment.				
Please sign if you give Touch of Freedom consent to perform a background check and agree to provide an outside agency the necessary information in order to perform such a background check. (This will only be performed on applicants who have been selected for employment.)				
Applicant Consent Signature:	Date:			
TO BE COMPLETED UPON HIRING:				
Date Hired:				
Social insurance/security number:				