



Application for Employment
please check position(s) you are seeking

Residential Cleaner Commercial Cleaner Cape Line Rentals

Last Name	First Name	Middle Name
Address	City	State
Home #	Cell #	SS#
Date of Birth	Drivers License # (Please provide Copy – both sides)	State

Please List Residences for the previous 5 Years

From _____ To _____ _____

From _____ To _____ _____

From _____ To _____ _____

From _____ To _____ _____

From _____ To _____ _____

If you are under 18 years of age can you provide proof of your availability to work? ____ Yes ____ No

In not a US citizen can you provide proof of eligibility to work in the US? ____ Yes ____ No

Are you currently employed? ____ Yes ____ No

If yes may we contact your current employer about your possible employment by us? ____ Yes ____ No

When are you available to work? ____ Full Time ____ Part Time ____ Seasonal

Do you have reliable transportation? ____ Yes ____ No

Would you be willing & able to drive to the job site if needed? ____ Yes ____ No

In the past 10 years have you had a substance abuse problem? ____ Yes ____ No If Yes please explain

Have you ever been convicted of a felony? ____ Yes ____ No If Yes please explain

Have you ever been convicted of a crime of violence? ____ Yes ____ No If Yes please explain

WORK EXPERIENCE

Please list previous employment.

Have you ever been terminated by an employer? ____ Yes ____ No If Yes please explain

1. Employer Dates Employed: From _____ To _____
 Address
 Telephone #
 Position & Duties
 Reason for Leaving
 =====

2. Employer Dates Employed: From _____ To _____
 Address
 Telephone #
 Position & Duties
 Reason for Leaving
 =====

3. Employer Dates Employed: From _____ To _____
 Address
 Telephone #
 Position & Duties
 Reason for Leaving
 =====

Describe any work experience or specialized training and skills you feel may be helpful in this line of work.

Do you speak any foreign languages? _____ Yes I speak _____ No

REFERENCES

Please list 3 Names, Addresses & Telephone Numbers of references who are NOT related to you

1. _____
2. _____
3. _____

I _____ hereby certify that all of the information provided by me is correct, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand that if a position is offered with Sparkle Edge Cleaners or Cape Linen Rentals any employment relationship is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge employee at any time with or without cause.

I understand that if offered a position with Sparkle Edge Cleaners or Cape Linen Rentals, I may be required to submit to a background check, credit history, criminal record and verification of driving record. I understand that unsatisfactory results from, refusal to cooperate with, or an attempt to affect results of these pre-employment checks will result in withdrawal of employment offer and or termination of employment.

I also consent to periodic drug screening as a condition of employment.

I understand I am required to abide by all rules and regulations of Sparkle Edge Cleaning & Cape Linen Rentals.

Signature of Applicant

Date



AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

I hereby authorize all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, military services, and former employers to release information they may have about me to Company or its agents and do forever release them from any liability or responsibility for doing so the fullest extent allowed by law from any claims arising from the requested information.

If required, I specifically authorize a credit report to be obtained on myself. If required, I specifically authorized workers compensation claim information to be obtained on myself by True Hire.

I recognize and agree that a copy o facsimile of this document shall be as valid as the original and agree that this release shall be valid for this and any future update reports requested.

According to the Fair Credit Reporting Act, I am entitled to know if employment or lease is denied based on information contained in this report, and to receive, upon written request, a disclosure of the public record information as well as the nature and scope the investigative report.

Confidential Information Used for Background Checking Purposes

Print First Name	Middle Initial	Last Name	Social Security #	Date of Birth
Drivers License Number	State of Issuance	Email Address		
Present Address	City, State, Zip			County

Please list any previous addresses you have had in the past 7 years

Previous Address	City, State, Zip	County
Previous Address	City, State, Zip	County
Previous Address	City, State, Zip	County

Please list any former names (i.e maiden or otherwise) you have used in the past 7 years:

Signature:	Date:
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AUTHORIZATION TO OBTAIN DRIVING RECORD

I authorize the Division of Motor Vehicles to release to Coastal Security & Investigation LLC. a copy of my driving record for the purpose of a background screening with _____ I understand my driving record will be utilized for this purpose only.

Applicants Name: _____
(PLEASE PRINT)

If Name Changed (Through Marriage or Otherwise) Print Former Name(s) Here:

Applicant's Address: _____

City / State / Zip: _____

Social Security # _____

DOB: _____

DL# & State: _____

Signature: _____

Date: _____



DRUG TESTING CONSENT FORM

I have applied for employment with Sparkle Edge Cleaning in a position that requires me to operate an automobile or truck. As a condition for my application being considered, I understand and agree to undergo substance screening. I understand that if my test results are positive, I shall not be considered further by Sparkle Edge Cleaning for any position.

I hereby authorize any physician, laboratory, hospital or medical professional retained by Sparkle Edge Cleaning for screening purposes to conduct such screening and to provide the results to Sparkle Edge Cleaning, and I release Sparkle Edge Cleaning and any person affiliated with Sparkle Edge Cleaning and any such institution or person conducting the screening, from liability therefore.

Applicant's signature: _____

Applicant's name: _____

Date: _____



30 Day Work Trial Employment Agreement

I, _____ understand that the first 30 days of my employment will be a training / probation period. After the 30 day period the management of Sparkle Edge Cleaning or Cape Linen Rentals will evaluate my work. If management determines, for any reason, I am not performing my job responsibilities adequately, I understand they have the right to terminate my employment.

Employee Signature

_____/_____/_____
Date