



Job Application Form

Frenchie's Professional Cleaning Service

PO Box 1741, Missoula, MT 59806

FAX: 406-258-6360

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

PERSONAL INFORMATION:

First Name _____

Middle Name _____

Last Name _____

Street Address

City, State, Zip Code

Phone Number

() _____

Are you eligible to work in the United States?

Yes _____ No _____

If you are under age 18, do you have an employment/age certificates?

Yes ___ No ___

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes _____ No _____

If yes, please explain:

POSITION/AVAILABILITY:

We are required to offer services when our professional businesses are closed to the public. Please apply only if you are available after 4pm.

Please indicate days and hours available:

- Monday: from _____ to _____
- Tuesday: from _____ to _____
- Wednesday: from _____ to _____
- Thursday: from _____ to _____
- Friday: from _____ to _____
- Saturday: from _____ to _____
- Sunday: from _____ to _____

What date are you available to start work? _____

EDUCATION:

Name and Address of School - Degree/Diploma - Graduation Date

Skills and Qualifications: Licenses, Skills, Training, Awards

EMPLOYMENT HISTORY:

Present Or Last Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____ Email: _____

Position Title: _____ From: _____ To: _____

Responsibilities: _____

Salary: _____

Reason for Leaving: _____

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Previous Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____ Email: _____

Position Title: _____ From: _____ To: _____

Responsibilities: _____

Salary: _____

Reason for Leaving: _____

May We Contact Your Present Employer?

Yes _____ No _____

References:

Name/Title Address Phone

I certify that information contained in this application is true and complete.

I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature _____

Date _____