

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT CLEARLY

Position applied for _____

Date of Application _____

How did you learn of us?

___ Advertisement ___ Friend ___ Walk-In ___ Employment Agency
___ Relative ___ Other

Name _____

Address: _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

Social Security Number _____ - _____ - _____

ARE YOU UNDER 18 YEARS OF AGE? _____

HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE? _____

IF YES, PLEASE GIVE DATE _____

HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? _____

IF YES, PLEASE GIVE DATE _____

ARE YOU CURRENTLY EMPLOYED? _____

IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY WITHIN THE PAST 7 YEARS? _____

conviction will not necessarily disqualify an application from employment

IF YES, PLEASE EXPLAIN _____

EMPLOYMENT EXPERIENCE

Start with your present job and list the past 7 years. Include any job-related military service assignments and volunteer activities.

EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS	HOURLY RATE		
	START	END	
JOB TITLE	SUPERVISOR	PHONE NUMBER	
REASON FOR LEAVING			

EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS	HOURLY RATE		
	START	END	
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EMPLOYER	DATES EMPLOYED		WORK PERFORMED
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	START	END	
JOB TITLE	SUPERVISOR	PHONE NUMBER	
REASON FOR LEAVING			

IF YOU NEED ADDITIOANL SPACE PLEASE ATTACH SEPARATE SHEET

AUTHORIZATION:

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ **SIGNATURE** _____

(return application to applicants@sonlightcleaning.com or mail to)
Sonlight Cleaning Inc.
4013 Clay Ave. Suite C Fort Worth, Texas 76161