



Application For Employment

Referred By _____ Date _____

Information

Name: _____ Social Security #: _____ DOB: _____
 Last Name First Name Middle Initial

Primary Address: _____
 Street City State Zip

Mailing Address: _____
 Street City State Zip

Phone #: _____ Alternate Phone #: _____ Email Address: _____

Do you have a Valid Driver's License?: Yes No If yes, State: _____ Date Expires: _____ Class: _____

Are you a US Citizen?: Yes No

Would you be willing to take a drug test?: Yes No

Have you ever been convicted of a felony or misdemeanor crime?: Yes No

If yes, give details, date, city, state, etc...: _____

Position

Applying for?: Full Time or Part Time

What days/hours are you available for work?

Position applying for?: _____

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Minimum wage requirement?: \$ _____

When can you start? _____

Work History (Please list current or most recent first)

1. _____
 Employer Address Phone From To
 Supervisor: _____ May we contact them? Yes or No Pay Rate? _____ Full Time or Part Time
 Job Titles/Duties: _____
 Reason For Leaving?: _____

2. _____
 Employer Address Phone From To
 Supervisor: _____ May we contact them? Yes or No Pay Rate? _____ Full Time or Part Time
 Job Titles/Duties: _____
 Reason For Leaving?: _____

3. _____
 Employer Address Phone From To
 Supervisor: _____ May we contact them? Yes or No Pay Rate? _____ Full Time or Part Time
 Job Titles/Duties: _____
 Reason For Leaving?: _____

Education & Qualifications

Do you have a High School Diploma or GED? Yes or No

	Name of Institution	City/State	Dates Attended	Level Completed
High School				
Trade School				
College				
Other				

Other Qualifications/Certificates

Name	Type	Issuing Authority	Expiration	Document #

Office Skills

Please circle the areas in which you have experience

Copying Faxing Filing Typing Payroll Accounting Reception Database Mgt.
 Sales Computers Inventory Microsoft Scheduling Marketing Management Customer Srvc

Please list any language you speak, other than English: _____

Please list any computer programs you are proficient with: _____

Other Skills: _____

Industrial Skills

Assembly _____	Fire/Smoke Mitigation _____	Janitorial _____
CDL _____	Mold Remediation _____	Landscaping _____
Fork Lift _____	Warehouse _____	Sanding _____
Inventory _____	Electrical _____	Painting _____
Meter Reading _____	Plumbing _____	Construction _____
Packing/Moving _____	Equipment Maintenance _____	Roofing _____
Demolition _____	Woodworking _____	Carpet & Upholstery _____
Water Mitigation _____	Auto Mechanic _____	Other _____

Safety Equipment

Please circle the personal protective equipment you own that you would be willing to use on the job

Steele Toe Boots	Back Brace	Safety Glasses
Leather Work Shoes	Gloves	Respirator
Coveralls	Hardhat	Other _____
Harness	Ear Protection	Other _____

References Please provide references we may contact

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

Emergency Contact Information

Incase of an emergency who may we contact? Please provide 2 contacts

1st Contact

Name: _____ Relationship: _____
Last Name First Name Middle Initial
Address: _____
Street City State Zip
Phone #: _____ Alternate Phone #: _____ Email Address: _____

2nd Contact

Name: _____ Relationship: _____
Last Name First Name Middle Initial
Address: _____
Street City State Zip
Phone #: _____ Alternate Phone #: _____ Email Address: _____

Employment Agreement

I authorized Peerless Carpet Care and Restoration Services (herein after referred to as "the company"), to ask the persons listed as references on this form any questions concerning me, my work habits, skills, or my conduct on the job, unless I have indicated on this application that I do not want the references to be contacted.

When I am employed by the company, I agree that if, at any time, I make claims against the company for personal injuries, upon written request, I will submit myself to examination by a physician or physicians of the company's selection as often as might be requested.

I also agree that if I am employed by the company, now or at any time in the future, my employment may be terminated by the company at any time without liability to me for wages or salary except for such wages or salary which I earned prior to the date of my termination.

I also understand that as part of the company's pre-employment screening process, my background may be checked. I authorize the company to make inquiries into my background including the information listed on this employment application and information relevant to any position I am considered for. I understand that according to Public Law 91-508 (Fair Credit Reporting Act) the company must provide me with separate disclosure and authorization form prior to obtaining a background check from a Consumer Reporting Agency (CRA). I understand that I will be notified if the company makes an adverse employment decision based on information contained in my background check from a CRA.

The completion of the company's application process shall constitute a conditional offer of employment subject to my availability of customer assignments calling for the skills and qualifications which I possess, and I agree to consider acceptance of such assignments from the company. In the event the company pays any compensation in error, I agree that the company has my permission to deduct such payment from any compensation due and owing to me as permitted under state law.

I hereby certify that the information provided in this application is true, and understand that my employment may be terminated immediately upon discovery that any information is false.

Signature: _____ Date: _____
